
**AUGUST 2021 ADDENDUM TO MARCH 2019
CONSOLIDATED EXPANDED ENVIRONMENTAL
ASSESSMENT REPORT**

PROPOSED SPECIALTY HOSPITAL

**2016 QUAKER RIDGE ROAD
TOWN OF CORTLANDT
WESTCHESTER COUNTY, NY**

Prepared for:

**Hudson Ridge Wellness Center, Inc. and
Hudson Education and Wellness Center**
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Prepared by:



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JMC Project 14088

Date:

August 2021



Site Planning
Civil Engineering
Landscape Architecture
Land Surveying
Transportation Engineering

Environmental Studies
Entitlements
Construction Services
3D Visualization
Laser Scanning

August 6, 2021

Loretta Taylor, Chairperson and Members of the
Town of Cortlandt Planning Board
Town Hall
1 Heady Street
Cortlandt Manor, NY 10567

Re: JMC Project 14088
Proposed Specialty Hospital
2016 Quaker Ridge Road
Town of Cortlandt, New York

Subj: Response to Public Hearing Comments

Dear Chairperson Taylor and Members of the Board:

This letter provides responses to comments received in connection with the Board's public hearings on this application on March 2, 2021; April 6 and 22, 2021; May 4, 2021; and July 6, 2021.

Rather than respond to each individual speaker as in the past, similar comments have been grouped together by topic area without identifying specific individuals in order to reduce repetitiveness in the responses. Wherever possible, reference will be made to previously submitted documents should the comment have been addressed during the extensive submission history of this application.

Attached please also find the following documents submitted to the Town subsequent to submission to the Town of the "Consolidated Expanded Environmental Assessment Report" ("CEEAR"), dated March 2019. For convenience of keeping track of the various submissions, the numbering of the below attached documents follows the last number of the final appendix of the CEEAR, which is number 39.

40. Memorandum from William A. Canavan, PG, LSRP, dated 4/3/2019, regarding agreement with Applicant's projected water demand, well pumping test and off-site well monitoring program results.
41. Letter from JMC to Loretta Taylor, Chairperson and Members of the Planning Board, dated 4/25/2019, regarding responses to comment letter from Provident Design Engineering, dated 4/16/2019.

A. Provident Design Engineering letter to the Town of Cortlandt, dated 4/16/2019.

42. Selected items from ZBA/litigation proceeding relevant to the nature of the proposed use and public comments, as follows:
 - A. Views of existing facility.
 - B. Brian M. Baldwin, LCSW 9/18/2019 presentation to ZBA regarding substance use treatment programs.
 - C. Peter Millock 10/16/2019 presentation to ZBA regarding services provided by a Chemical Dependence Residential Program and responses to public comment from the 9/18/2019 ZBA hearing.
 - D. Hudson Ridge Wellness Center Description of Services.
 - E. Letter from Robert Davis, Esq. to Hon. David Douglas, Chairman and Members of the Zoning Board, dated 11/4/2019, regarding Appeal from Code Enforcement Officer's Determination on Hospital Use.
 - F. Letter from Robert Davis, Esq. to Hon. David Douglas, Chairman and Members of the Zoning Board, dated 11/6/2019, regarding Appeal from Code Enforcement Officer's Determination on Hospital Use.
 - G. Letter from Robert Davis, Esq. to Hon. David Douglas, Chairman and Members of the Zoning Board, dated 11/7/2019, regarding Appeal from Code Enforcement Officer's Determination on Hospital Use.
 - H. Revised Applicant's Hearing Record/List of Zoning Board Submissions, March 2019 to November 2019.
 - I. Letter from Robert Davis, Esq. to Hon. David Douglas, Chairman and Members of the Zoning Board, dated 11/11/2019, regarding response to Zarin & Steinmetz letter dated 11/8/2019.
43. Letter from JMC to Loretta Taylor, Chairperson and Members of the Planning Board, dated 2/19/2021, regarding Summary of Impacts and additional submission materials and responses since the CEEAR submission, dated 3/2019.
 - A. Summary of Impacts dated 2/17/2021.
 - B. Letter from Robert Davis, Esq. to Loretta Taylor, Chairperson and Members of the Planning Board, dated 2/22/2021, regarding items submitted to the Board subsequent of filing of the CEEAR, dated 3/2019.
 - I. April 11, 2019 report of the Town's hydrogeological consultant, in response to the February 2019 Report of the neighborhood group's hydrogeologist.

2. April 16, 2019 follow-up comments of the Town traffic consultant in response to JMC's March 21, 2019 responses to his prior comments.
 3. April 25, 2019 response of JMC to the Town traffic consultant's April 16, 2019 comments.
 4. Robert F. Davis June 4, 2019 Planning Board presentation outline.
 5. Letter of Robert F. Davis to Planning Board, dated December 17, 2020, with copy of Court Decision.
 6. Letter of Robert F. Davis to Planning Board, dated January 4, 2021.
 7. Robert F. Davis January 5, 2021 Planning Board presentation outline.
 8. Letter of Robert F. Davis to the Planning Board, dated January 21, 2021.
44. Letter from Robert Davis, Esq. to Loretta Taylor, Chairperson and Members of the Planning Board, dated 3/23/2021.
- A. Letter from Robert Davis, Esq. to Loretta Taylor, Chairperson and Members of the Planning Board, dated 3/23/2021, regarding response to the letter of Zarin & Steinmetz, dated February 22, 2021.
 - B. Presentation Outline from Robert Davis, Esq., for March 2, 2021 Planning Board Public Hearing.
 - C. Letter from Robert Davis, Esq. to Loretta Taylor, Chairperson and Members of the Planning Board, dated 3/23/2021, addressing certain false accusations and innuendo made at the March 2, 2021 Planning Board Public Hearing and during the review proceedings.
45. Robert Davis, Esq. Planning Board Presentation Notes:
- A. Planning Board Meeting - April 6, 2021
 - B. Planning Board Meeting - April 22, 2021
 - C. Planning Board Meeting - May 4, 2021.
46. Letters to the Town of Cortlandt Planning Board from Robert Davis, Esq.
- A. December 17, 2020;
 - B. January 4, 2021;
 - C. January 21, 2021;

- D. February 22, 2021;
 - E. March 23, 2021 (1);
 - F. March 23, 2021 (2);
 - G. March 23, 2021 (3);
 - H. April 7, 2021.
- 47. PowerPoint presentation to Planning Board at the May 4, 2021, public hearing regarding the traffic summary.
 - 48. Letter from Westchester County Planning Board dated February 19, 2021.
 - 49. Letter from Town of Cortlandt ZBA dated June 27, 2021.
 - 50. Presentation by Brian Baldwin to the Planning Board on May 4, 2021 public hearing.
 - 51. Letter from the Village and Town of Ossining dated July 12, 2021.
 - 52. Letter from WSP, dated August 6, 2021, regarding responses to comments.
 - 53. Letter from Cicero Consulting Associates VCC, Inc., dated August 9, 2021 regarding correspondence with OASAS.
 - 55. Letter from Cicero Consulting Associates VCC, Inc., dated August 9, 2021 regarding square footage calculations.

RESPONSES TO COMMENTS BY TOPIC AREA

A. Land Use and Zoning

I. The proposed 92-bed Specialty Hospital cannot be physically accommodated within the existing buildings on the property. Request floorplans of Proposed Project.

The New York State Office of Addiction Services and Supports (OASAS) has the authority to adopt standards including necessary rules and regulations pertaining to chemical dependency services. This authority is authorized by section 19.07(e) of the New York State Mental Hygiene Law. Part 814 governs the square footage requirements for sleeping areas and ancillary or program space. OASAS will decide if the floor plan is adequate for 92 beds, which is the maximum number that Hudson Ridge Wellness will apply for. The Planning Board has no authority over this issue.

In addition, the Town of Cortlandt Building Inspector will review the drawings for compliance with building code and fire code in order to obtain a Building Permit.

Appendix 54 provides some square footage calculations.

2. **What is the purpose of the new easement from the adjoining property to the site? It must have some purpose including as a future driveway access to the property should the existing driveway prove inadequate.**

In regard to the utility easement that was granted from Quaker Hill Drive, LLC to Hudson Ridge Wellness Center, Inc., as addressed in Bob Davis's letter in April 2021 (Appendix 46.H), the easement area was never intended to be improved upon nor used for access purposes for the specialty hospital. However please note that as a result of our recent discussions with the Town the easement will now be eliminated entirely. The proper filing with the County will be handled accordingly.

3. **The hospital use from 80 years ago is not a valid comparison to zoning today. The best place for this use is in the Town's MOD district which was created for such uses as the Specialty Hospital.**

The proposed use is not appropriate for the MOD Medical Oriented District, discussed in the 2016 Comprehensive Plan "Envision Cortlandt" and currently undergoing SEQRA review which, according to a status update on the Town's website dated 6/18/2021, is in the FEIS stage of the process for two development proposals that will establish/utilize the MOD District designation. The MOD is an overlay district, utilized only in the discretion of the Town Board.

The issue of the inappropriateness of the Specialty Hospital in the MOD is discussed in great length in Appendices I.R and I.S within Volume 2 of the "Consolidated Expanded Environmental Assessment Report" ("CEEAR"), dated March 2019. For example, "Envision Cortlandt" does not propose to require or envision that the proposed use components of the MOD or all medical uses in general be limited to just the MOD. Indeed, existing residential-oriented medical uses such as nursing homes, assisted living facilities, and group homes for disabled adults are dispersed throughout the Town, many in residential zoning districts such as the proposed Specialty Hospital. Other non-residential medical uses such as doctors' offices are also dispersed throughout the Town, with some doctors maintaining home offices in residential zones. Page 107 of the 2016 Comprehensive Plan, for example, acknowledges that care for the elderly residents of the Town is provided by several facilities, including the Bethel Nursing Home in Crugers, the Cortlandt Nursing Home on Oregon Road, the Seabury at Field Home in Cortlandt Manor, the NYS Veterans Home at the VA Campus in Montrose, and the former Danish Home in Croton-on-Hudson. If all medical uses were intended by "Envision Cortlandt" to be limited to the MOD, all such existing uses and the properties on which they are located would be rendered non-conforming. Clearly, this is not "Envision Cortlandt's" intent. Further, there would be no basis to so distinguish a medical use from other non-residential uses in residential zones, such as educational and religious uses. The proposed

Specialty Hospital has a temporary "residential" component but is not a long-term residential medical use because clients only stay for a limited period of time.

Specifically, the envisioned MOD district in "Envision Cortlandt" is depicted as a dense concentration of uses. This is contrary to the generally accepted industry standards for such high-ended "luxury" Specialty Hospital facilities, which depend on location, privacy, tranquility, and security to provide a recovery buffer from the hustle and bustle of fast-paced, stressful everyday life. This buffer contributes to their success in working with individuals towards recovery and sobriety, and re-entry into normal everyday life. The MOD district, in contrast, does not provide such a location by its very nature of consolidating various medical uses into one location which is expressly envisioned to become a vital economic center of the Town.

4. Why not make it an affordable facility?

The facility will be an affordable solution for many seeking recovery within the area in comparison to other options. Additionally, the Applicant will give preference for admission to the facility to residents of Cortlandt, who will be afforded reduced fees on a sliding scale based on income, augmented by private insurance, if any. In addition, full scholarships will be awarded each year to two Cortlandt residents (see Appendix 37 within Volume 4 of the CEEAR).

B. Operation and Programming

I. The Applicant has no experience, absence of operator, apparent criminal background.

The Applicant has stated (see Appendix 1, page 2 within Volume 2, of the CEEAR) that the State regulated Specialty Hospital will be operated by full-time, experienced professional management. In addition, there will be a physician and Medical Director, as required by the NY State Office of Addiction Services and Supports ("OASAS") Regulations, and some 42 licensed healthcare professionals on staff.

In addition, as stated in the attached Appendix 50, OASAS has the authority to issue operating certificates to new chemical dependence treatment programs and to inspect and regulate those programs once they are established. The Hudson Ridge Residential Program will have to comply with all applicable codes in order to be issued a license and will have to continue to comply with all applicable codes as it operates the program. See Appendix 50 for further discussion.

- They will be required to have a medical director, who is a physician, and a staff of qualified health professionals.
- The ownership of Hudson Ridge Wellness will be required to include at least 10% ownership by a person with experience operating an OASAS licensed program or a substance use treatment program licensed in another state.

- All owners will have to undergo an extensive background check.

2. **Why has the Applicant not sought input from OASAS or Westchester County Department of Community Mental Health (“DCMH”)? OASAS has not been contacted, contrary to what Mr. Baldwin asserted according to CRHISD’s attorney.**

As stated in the attached Appendix 50, with respect to the prior consultation process, the official record of hearings before the Town shows that OASAS is already aware of this potential project. Based on those contacts, it appears that OASAS was already aware of the local issues that this project was encountering, specifically as a result of contact from the opposition, and OASAS wanted us to do our best to resolve these local issues before conducting the prior consultation process. For the opposition to say that the Applicant has done something abnormal by not reaching out to conduct the prior consultation process first is a self-fulfilling prophecy -the opposition prevented the Applicant from doing so by its own devices. The prior consultation process with OASAS's Field Office and Local Governmental Unit has always been set up to occur after local issues have been resolved, if possible, so that the State and County bodies do not spend their time on a project that won't be able to proceed locally.

3. **The Planning Board requested copies of all correspondence between OASAS and the Applicant.**

This correspondence is contained within Appendix 53.

4. **Programming keeps changing regarding level of detoxification provided, medication assisted treatment, staffing schedule.**

Appendix 42.D of this document provides a detailed description of the facility’s proposed programming.

5. **No community outreach, the Applicant has been very opaque about what is proposed.**

The Applicant’s submissions to the Town have been numerous and voluminous to which the public has responded with comments which in turn the Applicant has responded back, which is the normal process under SEQRA. This process is continuing.

6. **How many employees would use the shuttle and when?**

Two shuttle vans will be provided, for required use by a substantial portion of the employees, primarily lower level non-professional employees (see Appendix 37 within Volume 4 of the CEEAR). The specific number of employees taking the shuttle will vary by shift.

The shuttles will operate at the shift changes for employees except there is no shuttle for the 10:00 PM entering and 6:00 AM exiting employee shift. Shift Hours are out of phase with the peak hours of the roadway:

- Shift 1 (6:00 AM – 2:00 PM)
- Shift 1A (9:00 AM – 5:00 PM)
- Shift 2 (2:00 PM – 10:00 PM)
- Shift 3 (10:00 PM – 6:00 AM)

The reduced employee trips resulting from the use of the two shuttle vans have not been deducted for purposes of the traffic analysis, again providing a very conservative analysis.

7. What is the proposed use of each building?

As noted in Appendix 8.A within Volume 2 of the CEEAR, the large majority of the patients will stay in Building #1, which is at a distance of approximately 180 feet from the nearest portion of the northerly property line and approximately 500 feet from the nearest adjoining home at 2022 Quaker Ridge Road. The medical services offices will be located in designated private office areas throughout Building #1. The Hudson Education and Wellness Center (“HEWC”) kitchen will be located in the 1st floor of Building #1 where the original kitchen was located, with an adjoining dining room.

As stated in Appendix 13.C in Volume 3 of the CEEAR, Building #2 is a two story frame building. It will be used for Conferences and Offices.

Building #3 is a two story masonry & frame building. This building will be used as a garage with storage above.

Building #4 is a two story frame building. This building will be used for ancillary Patient Quarters (6 beds) and ancillary Administrative Offices.

Building #5 is a two story brick building with a one story section to the east side of the two story section. This building will be used for ancillary Patient Quarters (6 beds) and ancillary Administrative Offices.

Building #6 is a two story frame building with a stucco finish on the exterior. This building is an existing residence to remain.

Building #7 is a two story brick and stucco building. This building will be used for ancillary Patient Quarters (6 beds) and ancillary Administrative Offices.

8. The Applicant originally said they would not accept Medicare/Medicaid, yet recently said Medicaid would be accepted. Why the inconsistency?

Minor corrections such as this are to be expected in such a lengthy 6-year process, and in any case do not have anything to do with the SEQRA issues the Planning Board is concerned with.

9. A Construction Impacts analysis is missing, and site work including roadway widening and new walkways will increase surface runoff which may impact water quality.

Site work activities will result in temporary disturbances of the property of less than one acre. Prior to any walkway installation, sediment and erosion controls will be installed on the downslope side of the construction activity to prevent any sediment transport. The sediment and erosion control structures, which will include hay bales and silt fencing, will be installed prior to initiating disturbance activities. Disturbed areas not to be repaved will be seeded and mulched until permanent grass cover is established. No permanent or long-term impact to water quality associated with proposed driveway widening or walkway installation is expected.

10. Impacts of proposed lighting on the neighborhood.

As noted in Appendix 8.A within Volume 2 of the CEEAR, all exterior lighting fixtures will be residential in character, downward directed and dark sky compliant so there is no light trespass onto adjoining properties. Low level bollard-type lighting will be used in the parking areas and sidewalks. The proposed lighting will not impair the established character of the adjoining properties, in conformance with Section 307-73.C of the Town of Cortlandt Zoning Code. Lights out for the residents is 10:30 PM. Also, there are limited employee arrivals/departures at the night shift change at 10:00 PM with the use of the two shuttle vans. The nearest residence is approximately 320 feet distant and upgradient from Building #1 (the main treatment building), and buffered by a solid 6-foot high fence on the Specialty Hospital property and by a wooded buffer on the residential property.

Of note, the proposed hospital is not a general, “commercial” type of hospital. As stated in the “Expanded Environmental Assessment” dated October 6, 2016 (Appendix I within Volume 2 of the CEEAR), it is rather a residential rehabilitation hospital, which is much more residential in character than a general hospital that treats all types of medical conditions on a 24-hour basis including emergencies, and has daily visitors and outpatients.

11. Want to see daily operational details to evaluate impacts on adjacent neighbors, ie. What are the proposed uses for the buildings adjacent to the neighboring property line, lighting schedules, etc.

See Responses B.7 and B.10, above.

12. Avoid headlights from parking lot shining into the adjacent neighbors' homes.

The nearest residence is approximately 300 feet distant and upgradient from the proposed parking lot of the main hospital building, and buffered by a solid 6-foot high fence on the Specialty Hospital property and by a wooded buffer on the residential property, mitigating lighting impacts. The proposed Landscape Buffer Plan (Appendix 15.E within Volume 3 of the CEEAR) provides additional screening plantings.

13. A lower bed count than 92 does not necessarily reduce project impacts but means that project impacts are different.

It is considered unlikely that any potentially environmentally significant impacts would be generated by a reduction in the number of beds of the facility.

14. Impacts on local ambulance district. Silver Hills has 100 beds and 400 calls annually.

This facility is not targeted to the elderly and infirm, but rather to those suffering substance use disorder. All patients will be closely monitored and will have arrived at the facility in a detoxified condition. They will have no access to illegal substances and will be strictly regulated by professional medical staff for any medications they may be required to take. As such, their need for emergency ambulance services is judged to be not that dramatically different than the general population. For non-emergencies, the facility will utilize a private ambulance service. There will be some 42 licensed healthcare professionals on staff.

If a client experiences some type of medical problem or injury, HEWC nursing staff will evaluate the situation and treat the problem or injury as indicated, and if indicated, consult with the program physician. If a medical emergency situation occurs with clients, staff or visitors, the onsite medical team staff will immediately evaluate the situation and determine the most appropriate response. If a medical emergency is determined to exist, medical staff will immediately attend to the individual and contact 9-1-1 for emergency assistance. Research into the type and number of projected "medical emergencies" that is "statistically normal for this type of facility" was not located. Writers researched the US Department of Health and Human Services – Substance Abuse and Mental Health Services Administration (SAMHSA) website and the New York State Office of Alcoholism and Substance Abuse Services (OASAS) and were not able to locate data related to the type and number of medical emergencies for a residential program facility.

15. Cortlandt Code Enforcement will not be able to inspect and enforce code compliance during construction to the degree that is necessary.

It cannot be inferred that the Code Enforcement Division of the Town's Department of Technical Services does not have the capability to enforce code compliance for the

Proposed Project. The Division has overseen innumerable projects within the Town over the years covering a broad range of uses.

16. With the number of meals served, the kitchen is similar to a commercial restaurant in a residential neighborhood.

The proposed kitchen will be designed for use for the residents and staff. Unlike a commercial restaurant open to the public, no meals will be prepared or served to outsiders. The site will provide no restaurant parking because there is no restaurant on the site.

In addition, HEWC will not operate a “commercial” type of kitchen at the facilities, and it will not be operating 24 hours because the proposed hospital is not a general, “commercial” type of hospital. As stated in the “Expanded Environmental Assessment” dated October 6, 2016, it is rather a residential rehabilitation hospital, which is much more residential in character than a general hospital that treats all types of medical conditions on a 24-hour basis including emergencies, and has daily visitors.

17. What is the project’s Indian Point Emergency Evacuation Plan?

Appendix I.Q, Response 4 within Volume 2 of the CEEAR details the response of the proposed Specialty Hospital in the event of an emergency at Indian Point. The Proposed Project would develop emergency plans to keep residents safe, including conforming with all the extensive emergency planning measures and information provided by Westchester County.

The Indian Point nuclear power plant was closed on April 30, 2021.

C. Traffic

I. The Traffic Study is out of date and new counts are needed. What is the impact of the recently expanded Sunshine Home in New Castle?

The land uses in the vicinity of the site have not changed since 2014, nor have there been significant developments constructed in the area. As clearly described and shown on illustrative figures in the traffic analyses previously submitted by the Applicant, the expansion of the Sunshine Home has been included in the projected traffic volumes. The Sunshine Home expansion does not have a significant impact on traffic volumes and operations.

Regardless of the fact that the area land uses have not changed or significantly intensified since 2014, additional traffic counts were recently performed by the Applicant. Automatic Traffic Recorders (ATR) were placed from 4/17/2021 through 4/24/2021. The recent daily counts along Quaker Ridge Road and Glendale Road were similar to and less than the volumes recorded in 2017 (see Table A).

Table A

Location	2014 Traffic Volumes		2017 ATR Traffic Volumes		2021 ART Traffic Volumes	
	Peak Weekday AM	Peak Weekday PM	Peak Weekday AM	Peak Weekday PM	Peak Weekday AM	Peak Weekday PM
Quaker Ridge Road along Site Frontage	45	42	41	39	24	35

2. Downed trees and heavy snowfall halt traffic on local roads, impeding emergency vehicles such as fire equipment.

The patients at the proposed facility will require less care than patients at a general hospital. During the very rare times when the primary roadways providing access to the site may be restricted, alternative access is available, such as Quaker Ridge Road to and from the north.

3. The Traffic Management Plan is too stringent to be realistic.

The proposed Traffic Management Plan was initially prepared by the Applicant and then refined by the Town's Traffic Consultant, Provident Engineering. The Applicant is fully aware of the requirements within the Traffic Management Plan and is committed to operating in compliance with the plan.

4. How will on-site security be able to handle trucks making deliveries to the site while keeping Quaker Ridge Road clear?

As documented in previous submissions, the proposed security gate will remain open during the day and early evening hours, when almost all deliveries will occur. Any evening deliveries will be provided efficient access after the delivery vehicle contacts the on-site security via a call button which will be provided at the gate. The proposed gate will be located farther from Quaker Ridge Road than the existing gate to accommodate a delivery vehicle waiting within the driveway prior to entering the site. Accordingly, vehicles traveling along Quaker Ridge Road will not be impeded by delivery vehicles accessing the site.

5. Was parking at the Croton train station studied? How will the jitneys and employee/patient parking be accommodated?

Employee and patient parking will not occur at the Croton Train Station. The proposed jitney vans will provide employee and patient access to and from the train station, as well as other locations.

6. **The driveway grade is too steep for a truck attempting entry into the site or leaving when the driveway is slippery. The truck won't be able to stop sliding onto Quaker Ridge Road, creating a dangerous situation.**

The Applicant previously incorporated extensive driveway improvements in response to an extensive review of the driveway by the Town's Traffic Consultant. The site driveway will be widened and improved to a 90 degree intersection with Quaker Ridge Road to accommodate delivery and emergency vehicles. The driveway will also be reconstructed to reduce the existing slopes along the lower portion of the driveway. The proposed slope was reduced to five percent in the vicinity of Quaker Ridge Road.

7. **The Applicant has no supporting information that the "area roadways are not heavily utilized by vehicular traffic, bicycles or pedestrians and the minor increases in vehicular volumes will not significantly impact the ability of bicycles and pedestrians to share the roadways". Traffic safety is a concern.**

Bicycle and pedestrian traffic volumes were counted at the intersection of Quaker Ridge Road and Glendale Road on Saturday 4/17/2021 from 12:30 – 3:30 PM and on Tuesday 4/20/2021 from 2:00 – 5:00 PM. During the six hours of counts at the intersection, there was an average of only 3.67 bicycle trips per hour and only 1.17 pedestrian trips per hour (see Table B).

Table B

Day of Week	Time	Pedestrian	Bicycle
Saturday	12:30 – 1:30 PM	4	1
	1:30 – 2:30 PM	1	5
	2:30 – 3:30 PM	0	6
Weekday	2:00 – 3:00 PM	0	0
	3:00 – 4:00 PM	2	2
	4:00 – 5:00 PM	0	8

The area intersections operate at Level of Service A, the best possible level of service, during the peak hours. The intersections will continue to operate at Level of Service A with the proposed use.

8. **Disparities in width-of-roadway measurements adjacent to the site on Quaker Ridge Road.**

The Applicant's previous submissions, including photographs, as well as presentations have discussed at length that there is an overburden of grass and soil that extends into the Quaker Ridge Road pavement area just a matter of some inches for a small portion of the roadway adjacent to the project site that is proposed to be removed. The pavement

width along the vast majority of the site frontage with Quaker Ridge Road is 20 feet. The Applicant has submitted plan information depicting the removal of the overburden just a matter of some inches for a small portion of the roadway adjacent to the project site that is proposed to be removed, as well as minimal widening in certain areas, to provide the 20 foot wide roadway recommended by the Town's Traffic Consultant.

9. **Much of the traffic to and from the property will go through the Town of Ossining leading to increased carbon emissions, runoffs and additional wear and tear to the area roadways.**

The Town of Ossining previously retained a traffic expert, Frederick P. Clark Associates, to undertake a thorough review of the potential traffic impacts of the proposed reutilization of the property. As stated in the review letter provided to the Town of Ossining by its consultant dated May 31, 2017 (Appendix 11 within Volume 3 of the CEEAR):

“It is our opinion that the proposed use of the site in Cortlandt will have an insignificant, if any, impact on the overall operation of roadways and intersections within the Town of Ossining. Results of the analyses indicate that the existing Level of Service would not change, which we agree with based on our review.”

The proposed redevelopment of the site has not changed since 2016 and, accordingly, would not have a significant traffic impact on the Town of Ossining. As discussed in great detail in the previously submitted traffic analyses, the shift changes of the specialty hospital will be out of phase with the peak traffic volumes along the area roadways and the Applicant's proposed use of two jitney vehicles will further reduce the site generated traffic.

10. **Albany Post Road has a five-ton weight limit and therefore cannot be considered as a viable means of access for vehicles exceeding the weight limit to enter/exit the property.**

While the specific vendors and associated delivery vehicles have not been determined, it is expected that most vehicles will be a SU-30 (total length of 30 feet) or shorter and any larger vehicle would not exceed an SU-40 (total length of 40 feet). No tractor trailers will be permitted to make deliveries to the hospital. No deliveries by 3rd party service providers, such as deliveries of food/perishables, pharmacy, paper/office supplies, garbage collection, laundry, etc., will occur on weekends. Existing vehicles along area roadways such as school buses, and presumably service vehicles such as furniture and appliance delivery trucks, moving vans, etc. have apparently not had any issues with using the local roadways. (See Appendix 5, Response G1 within Volume 2 of the CEEAR, and Appendix 8.A, Response 20 and C2 within Volume 3 of the CEEAR.)

Section 188-20 of the Town Code states that local deliveries and pickups are exempted from the weight limitations specified in Section 188-19. Specifically, the Code states “The

regulations established in this article shall not be construed to prevent the delivery or pickup of merchandise or other property along the highways from which such vehicles and combinations are otherwise excluded.”

D. Neighborhood Character

I. This use will bring down my property value.

Appendix 5.J within Volume 2 of the CEEAR, dated March 2019, contains a letter from Cushman & Wakefield regarding what impact, if any, the proposed Specialty Hospital would have on the property values of nearby residents. The letter notes that the subject property for the most part had previously been vacant for a number of years. As such there were reports of and evidence of vandalism over the years.

The clientele of these facilities typically look for locations that offer a degree of privacy for their clients, located within a peaceful surrounding neighborhood in order to assist their clients in their recovery. The letter concludes that “It is my professional experience that facilities like the proposed subject will pose minimal impact to the community services needed and furthermore not only will they not be a negative impact on surrounding property values but may in fact help enhance the neighborhood as the proposed improvements will represent an improvement from the recent past of the existing facilities.” Notably, the property has been designed and utilized for hospital and other institutional uses since the 1920’s.

2. The proposed use is incompatible with the character of Quaker Ridge Road and the established single-family residential neighborhood.

The proposed Specialty Hospital use is consistent with the historical hospital and other institutional uses of the site and will utilize the existing buildings on the property, with approximately 75% of the property remaining as undeveloped open space and only 2% building coverage, thereby remaining in harmony with the neighborhood and avoiding any detriment to nearby properties. No additional buildings are proposed. The buildings and use have been screened by substantial additional landscaping and the fencing installed or to be installed on the property, and the adjoining 27.8 acre forested property to the south, owned by a related entity, will remain undeveloped to provide a substantial additional buffer while the hospital use is in effect.

The existence of a Specialty Hospital on this site in a primarily residential neighborhood is not fundamentally different than any of the other non-residential uses permitted in the neighborhood, such as schools, places of worship with nursery schools, government offices, country clubs and recreation clubs, and indeed, will have less impact than most.

3. The transient nature of the occupants is not consistent with the character of the neighborhood. How will transient patients add to the neighborhood?

See Response D.2, above.

The other uses permitted in the neighborhood such as schools, places of worship with nursery schools, government offices, country clubs and recreation clubs, also have “transient” occupants.

4. **The SEQRA Handbook states that the consistency of a project with community character can be judged by compatibility with the Comprehensive Plan and Zoning code requirements. CRHISD’s attorney stated that the proposed project fails in this regard.**

See Response D.2, above.

Section I.A.2.a within Volume I of the CEEAR, dated March 2019, discusses in depth the consistency of the Proposed Project with the Town Development Plan and community character as follows.

(1) The Proposed Action is consistent with the 2004 Comprehensive Plan. The Town's 2004 Master Plan makes note of this property in Policy 34, with the property being within the Special Reuse and Conservation Development (SRC) district at that time. Policy 34 recommended that the Town Board eliminate the SRC district from the Zoning Ordinance. The Hudson Institute property (the site) was mentioned in Policy 34 as one of the institutional properties expressly intended to benefit by redevelopment under the SRC zoning because the permitted lot area in that District was 5,000 square feet for single-family, two-family and multifamily dwellings, potentially making the property attractive for denser residential redevelopment than under the R-80 District. However, the Master Plan proposed to eliminate the SRC because of the lack of infrastructure in the area to support the increased housing density permitted thereunder. The Town Board adopted the Master Plan recommendation in amending the Zoning Ordinance to eliminate the SRC, whereby the property reverted to R-80 zoning. Thus, the proposed reuse of the property as a Specialty Hospital permits the property to be used again and to remain on the tax rolls with no such increase in density, while providing for the Specialty Hospital's sanitary and water infrastructure needs on-site. The proposed use is therefore consistent with the Town's 2004 Master Plan and Policy 34 in particular.

(2) The Proposed Action is consistent with the 2004 Comprehensive Plan’s goal of preserving Quaker Ridge Road, and also with the 2016 Comprehensive Plan where the Quaker Ridge Road area is listed on Table 7-1 on page 94 as a scenic resource in the Town, which is consistent with Quaker Ridge Road’s historic designation, the proposed Specialty Hospital has lower traffic volumes than other uses permitted in the R-80 district with no requirement of access to state roads (such as private schools, places of worship with associated religious school, and governmental buildings). As documented in the EEA Addendum, the Level of Service will not change, and there will be minimal traffic impact. No scenic features of Quaker Ridge Road are proposed to change, because the existing buildings on the property are proposed to be reused, with no new building construction proposed. Landscaping on the property will be enhanced. The existing open space (approximately 75% of the property) will remain intact. The adjacent 27.8 acre adjacent

property to the south, owned by an affiliate company, that contains a small, vacant house but is otherwise undeveloped will remain in this condition as a buffer so long as the subject property is used as a hospital.

(3) The Town's 2004 Open Space Plan includes the property in its current state under Index E-2 as an "Under-Utilized Parcel, Five Acres or More, Particularly Worthy of Preservation". The proposed re-use of the property as a Specialty Hospital, with no new buildings proposed and with minimal land disturbance for some driveway, walkway and parking improvements, maintains this property's open space identity in the substantially same condition as it was in 2004, and thereby conforms to the Town's Open Space Plan.

(4) The proposed use preserves significant open space, a goal of the 2004 Comprehensive Plan. For example, as noted on page 86 of the 2016 Comprehensive Plan, the property is specifically mentioned in the context of meeting a goal of the 2004 Master Plan as being within "Category 3", which is an "underutilized privately-owned land" that currently provides open space benefits. With no new building development proposed on the property, the Proposed Action conforms to this goal.

(5) The Proposed Action is consistent with the 2004 amendments to the Zoning Code to preserve local residential roads, as well as with Quaker Ridge Road as a recently designated Town Historic and Scenic Road with specific protections for pavement width, preservation of stone walls, mature trees and requirements for screening of new developments, as discussed below. The same roads were used for over 60 years for institutional use of the property. A special permit for such a hospital use was issued as late as 1989, when the character of the current neighborhood was already established. Furthermore, as noted previously, the proposed Specialty Hospital has lower traffic volumes than other uses permitted in the R-80 district with no requirement of access to state roads (such as private schools, places of worship with associated religious school, and a government building). All of these uses would have a greater impact than the proposed Specialty Hospital on any local residential road. As documented in the EEA Addendum, the Level of Service will not change with the proposed Specialty Hospital, and there will be minimal traffic impact.

With regard to Quaker Ridge Road as an Historic and Scenic Road, the Specialty Hospital proposes removal of an overburden of grass and soil that extends into the Quaker Ridge Road pavement area just a matter of some inches for a small portion of the roadway adjacent to the project site, and no changes to pavement width of Quaker Ridge Road (the proposed driveway improvements will widen the driveway and provide a 90 degree intersection with Quaker Ridge Road yet will not require the widening of the travelled pavement of Quaker Ridge Road), no alteration to any stone walls or mature trees, and evergreen hedge screening has been installed along the property's westerly property line adjacent to Quaker Ridge Road. No changes are proposed to the existing road striping adjacent to the property. An approximately 3 feet by 4 foot sign is proposed at the front gate of the property. Therefore, the Specialty Hospital will have no discernable impact to the historic nature of Quaker Ridge Road since the character of the roadway will not be noticeably altered.

(6) The Proposed Action is consistent with the Town's 2016 "Envision Cortlandt" Comprehensive Plan. In addition to the property being mentioned, as indicated above, on page 86 with regard to the property providing open space benefits, and 10 on page 94 with regard to the property as a scenic resource in the Town, the 2016 Master Plan provides on page 88 a list of Key Challenges and Opportunities for the Future; the Proposed Action is in conformance with many of these. For example, how the Specialty Hospital responds to the challenge of providing and preserving open space is discussed in #4, above. The Specialty Hospital also addresses the key challenge of preserving the Town's biodiversity by protecting significant expanses of land and habitat, with no new building construction proposed and minimal site disturbance (under one acre), preserving the majority of the 20.8 acre site along with the addition of 64 trees as well as the trees that have already been planted. In addition, the adjacent 27.8 acre adjacent property to the south, owned by an affiliate company, that contains a small, vacant house but is otherwise undeveloped will remain in this condition so long as the subject property is used as a hospital. The Specialty Hospital also speaks to the challenge of protecting environmentally sensitive land, with no disturbance proposed to wetlands, wetland buffers, and steep slopes. This also helps to address the additional challenge of encouraging climate resiliency by protecting wetlands and preserving forested site. In addition, the adjacent 27.8 acre adjacent property to the south, owned by an affiliate company, that contains a small, vacant house but is otherwise undeveloped will remain in this condition so long as the subject property is used as a hospital. The Specialty Hospital also speaks to the challenge of protecting environmentally sensitive land, with no disturbance proposed to wetlands, wetland buffers, and steep slopes. This also helps to address the additional challenge of encouraging climate resiliency by protecting wetlands and preserving forested areas.

(7) The Specialty Hospital addresses the 2016 Master Plan challenge on page 88 of preserving water quality and protecting surface and groundwater resources. The two new HEWC wells will pump, on average, 9 gallons per minute. For some perspective, this is approximately the rate of a garden hose. In addition, the well will not run continuously, but will cycle on and off throughout the day, with less use at night. As discussed in the LBG Hydrogeologic Assessment in Appendix 5.H, the data indicate that groundwater withdrawals up to twice the average water demand of the Specialty Hospital will not result in storage depletion of the groundwater. As approved and supervised by the Planning Board and, its professional staff and expert hydrogeology consultant, LBG conducted a 72-hour pumping test in August 2018. The primary goal of the pumping test was to evaluate potential impacts to water levels in nearby offsite potable supply wells while pumping the new water supply at twice the average water demand of the Specialty Hospital. To achieve this goal, a simultaneous pumping test was conducted on Well 1 and Well 2 between August 20 and August 23, 2018 with pre- and post-water level monitoring of the offsite wells. The two Hudson Ridge Wellness Center wells were pumped concurrently for three days, each at a pumping rate of 9 gpm (gallons per minute), for a combined yield of 18 gpm or 25,920 gpd (gallons per day). The average water demand for the Specialty Hospital is 12,660 gpd (8.8 gpm).

During the pumping test program, water-level measurements were collected from a total of four onsite wells, including two onsite bedrock monitoring wells and the two wells pumped during the testing program (Well 1 and Well 2) and 16 residential wells. Minimal drawdown (less than 0.50 foot) was documented in the two onsite bedrock monitoring wells. Water-level effects related to the pumping test was observed in two adjacent properties located on Quaker Hill Drive with a drawdown of approximately 18.5 and 24.5 feet. Because both wells had a significant amount of available water above their respective pumps at the end of the test, during a test that was conducted to demonstrate extreme conditions that will not occur during the hospital occupancy (72 hours of continuous pumping at a combined rate of double the average water demand), these wells are not expected to be adversely affected by the use of the Hudson Ridge Wellness Center (HRWC) wells. Additionally, no discernible water-level impacts were measured in any of the other offsite monitoring locations that were attributed to pumping in Well 1 and Well 2. The Town's hydrogeology consultant and professional staff agreed with the testing protocol and findings.

Nonetheless, the Applicant has requested via a letter dated October 03, 2018 to the owners of the properties containing the wells affected by the pump test that they consider participating in a long-term offsite well monitoring program, which would start three to six months before the certificate of occupancy for the Specialty Hospital is issued and continue for up to two years after 75 percent full occupancy occurs. If long-term monitoring were to unexpectedly demonstrate any significant interference on these wells from the Hudson Ridge Wellness Center wells, mitigation options would be explored and implemented.

There will also be a domestic water storage tank to mitigate peak water draw demand, the existence of which was not accounted for in the extreme pumping test.

Additionally, eighty-five percent (85%) or more of the pumped water will be recycled back to the ground due to infiltration from the septic system following treatment, such that there would only be an effective draw of about 1.3 gallons per minute - or approximately 1,900 gallons per day. The contribution to ground water of annual rainfall to the Specialty Hospital site is equivalent to about 21 gallons per minute - much more than the intended draw from the ground. This routine analysis also indicates that HEWC would not affect groundwater supplies. In addition, there will be no irrigation systems installed for the site landscaping. Rather, the landscaping will be hand-watered by a manually carried hose as determined by an inspection of the landscaping. Thus, watering will only be conducted should the landscaping require it based upon the conditions at the time, and only that landscaping requiring watering will be watered, and only then by hand using a hose. This will keep landscaping watering to a minimum. Once established, the species planted will not require heavy usage of water. The existing approximately 15,000 gallon emergency fire water storage tank behind building #3 will continue to be used for emergency fire water storage. The emergency fire water storage tank will be refilled from the existing functional wells, which will be dedicated to supplying the fire storage tank and which may not be used for irrigation or any other purpose. Fire storage tank refill water will not be

sourced from the two new wells which are only being used to supply domestic water to the facility.

(8) Preserving community character is another 2016 Comprehensive Plan challenge on page 88, which the proposed action is addressing. As discussed in the Expanded Environmental Assessment (EEA) dated October 6, 2016, there was similar institutional use of the property from the 20's throughout the 80's, culminating in the issuance of a hospital special permit in 1989 when the neighborhood was fully developed, and the Applicant is using the same buildings that were used for those institutional purposes. In addition, the existence of a Specialty Hospital on this site in a primarily residential neighborhood is not fundamentally different than any of the other non-residential uses permitted in the neighborhood, such as schools, places of worship with nursery schools, government offices, country clubs and recreation clubs.

(9) Limiting the impacts associated with development, including increases in airborne pollutants, traffic, and noise levels is an additional 2016 Comprehensive Plan challenge on page 88, which the proposed action is addressing. The existing buildings on the property are proposed to be reused, with no new building construction proposed. No airborne pollutants are anticipated to be generated by the operation of the use, and any temporary construction impacts such as dust from the less than one acre of proposed disturbance will be mitigated by the sediment and erosion control plan. The proposed Specialty Hospital has lower traffic volumes than previous existing and approved uses of the site as well as other uses permitted in the R-80 district with no required access to state roads (such as private schools, places of worship with associated religious school, and a governmental building, per Table III.C-4 (Appendix 5.K) and as updated in Appendix 30 (PowerPoint presentation to the Planning Board on 1/08/2019), the Level of Service will not change, and there will be minimal traffic impact.

Facility operations are not noise intensive. During the day, patients may walk on the property for relaxation when they have any free time between sessions/activities. After dark, patients may be walking from their living space to possibly another building on the property for meetings. For example, there is a meditation meeting noted on the current schedule that begins at 9:00 PM. Lights out is at 10:30 PM. Also, there are limited employee arrivals/departures at the start of the night shift at 10:00 PM, with the use of the two shuttle vans. The nearest residence is approximately 300 feet distant and upgradient from the proposed parking lot of the main hospital building, and buffered by a solid 6-foot high fence on the Specialty Hospital property and by a wooded buffer on the residential property, limiting noise impacts.

E. Surface Water and Wetlands

I. Much of the sanitary collection system is in the Indian Brook Watershed.

As noted in Appendix 52, the former septic system that served the property is located entirely within the Indian Brook Watershed and will be abandoned and replaced with a modern sanitary collection system. Approximately half of the new sanitary collection system

for the proposed HRWC is located in the Indian Brook Watershed (see Figure within Appendix 52), but no part of the proposed septic system will be located in the Indian Brook Reservoir Critical Environmental Area (CEA).

The modern system that is proposed is designed to much higher standards than the older system and includes a Recirculating Gravel Filter (RFG) which is used to polish septic tank effluent prior to discharging to the subsurface system. In addition, the galley disposal chambers of the new system are designed to have a larger storage capacity than traditional systems. This will allow for better distribution of the treated wastewater, with a significant advantage of regulating the diurnal peaks of flows. The applicant has also included a dedicated emergency generator to automatically operate the sewage pumps if there is an electrical outage.

The proposed wastewater disposal system, which has been approved by the Westchester County Department of Health ("WCDH"), includes several features that are not required by any agency and were voluntarily provided by the HRWC because it greatly enhances the reliability of the treatment process, far above the typical septic system. Because this system will be constructed to higher standards than the older system (to be abandoned) and includes extraordinary wastewater treatment processes that will renovate the wastewater to negate any impacts and is completely outside of any wetland buffer, there will be no significant impact to the Indian Brook Watershed.

2. The location for the proposed recycle/refuse dumpsters near existing Main Building I is in the Indian Brook Watershed which has the potential to impact water quality.

The recycle/refuse dumpsters will be located in a dedicated area and managed properly. All dumpsters will be in sound condition, with working lids. The lids will remain closed when the dumpsters are not in use and the dumpsters will be emptied in a timely manner (before exceeding their capacity).

The dumpsters will only be used for storing typical household waste and hazardous wastes shall not be deposited in any of the dumpsters. No medical wastes (i.e. needles, medication, etc.) will be deposited in the dumpsters. Any damaged dumpster that is identified will be replaced with an undamaged container in a timely manner.

3. The existing water system (to be abandoned) is in the Indian Brook Watershed as well as Well I (potable). An increase in water use at the project site can impact the Indian Brook Reservoir. Please forward current and planned water consumption information.

The proposed HRWC is not a general hospital or like a typical nursing home. There will be no outpatient treatment or emergency room, very restricted visitation, no irrigation system and no laundry done onsite. Based on the potable supply demands, the proposed HRWC at full occupancy will require an average daily demand of 12,660 gpd or a designed pumping rate of approximately 8.8 gpm (gallons per minute). This demand is based on NYSDEC

standards and has been approved by Westchester County Department of Health. Full occupancy is anticipated to take five years from opening. Please note that Well 2 is located in the Indian Brook Watershed, not Well 1. Well 1 from the former water system is located in the Indian Brook Watershed. The former potable water system will be replaced by a new potable water system comprised of two new wells (Well 1 and Well 2), shown on Figure 2 within Appendix 52. The potable supply system will be supported by the two wells equally so that water is not drawn from only one well.

The proposed water demand for maximum occupancy is summarized on the table below.

Usage Type	Number	Usage Rate ¹ (gpd)	Water Demand
Hospital Beds	92	110	10,120
Staff	86	15	1,290
Garage/Office Building	400 sf	0.1 gpd/sf	40
Outbuilding Beds	6 ^{2/}	110	660
Staff Residence	3 bedrooms	110 gpd/br	330
Building 2			220
Total Average Daily Flow (gpd) ^{3/}			12,660
Total Average Daily Flow (gpm)			8.8

On an annual basis, approximately 85 percent of potable supply will be returned to the ground by the septic systems through percolation from the leach field. As a result, the total consumptive use, or water lost from the groundwater system, will be approximately 15 percent of the average water demand or approximately 1,900 gpd. The consumptive use of the proposed Wellness Center (1,900 gpd) is approximately 20 percent of the groundwater directly recharging the 15.13 acres located in the Indian Brook Watershed and 0.4 percent of the groundwater recharging the entire watershed. No impacts to the Indian Brook Reservoir are anticipated.

4. The property is between the Indian Brook and Croton Gorge watersheds, which the local towns are starting to update the 2008 watershed agreement documents. There should be a moratorium on all development in the area until the watershed documents have been updated.

The existing property is already developed with many of the buildings constructed years prior to those of adjacent residences. The Project will utilize the existing buildings on the property, with approximately 75% of the property remaining as undeveloped open space and only 2% existing building coverage to remain. Proposed site disturbance is less than one acre.

See Responses E.1, E.2, and E.3, above, and Appendix 52. No impacts to the Indian Brook Reservoir are anticipated. No portion of the property is within the Croton Gorge

¹ / Usage rate approved by WCDH in a letter dated December 14, 2017.

² Note that six outbuilding beds are to serve the maximum 92 patients, but because they are located in different buildings, WCDH requires a separate accounting of each bed.

³ Note that the average daily flow for the first year is estimated at 6,855 gpd (4.8 gpm) based on 41 patients and 73 staff.

watershed and therefore the project would have no potential impact on the Croton Gorge watershed.

5. What is the impact of medicated wastewater on water quality/the watershed and marine life?

Medications are a part of daily life for many people whose places of residence are connected to septic systems. The population of the Specialty Hospital is anticipated to utilize prescription medications at the approximate level of the general population. No chemotherapy or high concentrations of antibiotics are anticipated to be used as this is not a general hospital use. Unused medications will never be flushed down a toilet or sink. No impact on groundwater is anticipated.

F. Water Supply/Groundwater

I. Jill Greenstein said her well water level dropped 18 feet in 3 days of well testing that was conducted by the Applicant.

As noted above in Response D.4(7), during the pumping test program, water-level measurements were collected from a total of four onsite wells, including two onsite bedrock monitoring wells and the two wells pumped during the testing program (Well 1 and Well 2) and 16 residential wells. Water-level effects related to the pumping test was observed in two adjacent properties located on Quaker Hill Drive with a drawdown of approximately 18.5 (belonging to Ms. Greenstein) and 24.5 feet. Because both wells had a significant amount of available water above their respective pumps at the end of the test, during a test that was conducted to demonstrate extreme conditions that will not occur during the hospital occupancy (72 hours of continuous pumping at a combined rate of double the average water demand), these wells are not expected to be adversely affected by the use of the Hudson Ridge Wellness Center (HRWC) wells. Additionally, no discernible water-level impacts were measured in any of the other offsite monitoring locations that were attributed to pumping in Well 1 and Well 2. The Town's hydrogeology consultant and professional staff agreed with the testing protocol and findings.

Nonetheless, the Applicant requested via a letter dated October 03, 2018 to the owners of the properties containing the wells affected by the pump test that they consider participating in a long-term offsite well monitoring program, which would start three to six months before the certificate of occupancy for the Specialty Hospital is issued and continue for up to two years after 75 percent full occupancy occurs. If long-term monitoring were to unexpectedly demonstrate any significant interference on these wells from the Hudson Ridge Wellness Center wells, mitigation options would be explored and implemented. Ms. Greenstein was sent this letter and to-date no reply has been received.

G. Electric/Generators

2. There are electric outages in the neighborhood that last a long time and would be too long for the emergency generator to provide power to the facility.

As noted in Appendix 8.A within Volume 3 of the CEEAR, the emergency generator may be located either in the basement of the main building or on the easterly side of the main building, which is approximately 180 feet from the nearest (northern) property line, and approximately 500 feet from the nearest adjoining home at 2022 Quaker Ridge Road. The protocols specified for catastrophic electrical failures are as follows, roughly in sequence:

1. Engage generator to activate pumps;
2. Limit water use in the buildings that are tributary to the pump system;
3. Allow tanks to fill for one half day;
4. Order pump trucks to carry flow to local sewage treatment plants;
5. The septic fields are downhill from the buildings thus the system will be allowed to manually override and the septic fields can operate without electricity during an emergency;
6. Cease water usage flow into the septic fields.

The generators would be serviced by site personnel, with no more than one manufacturer service visit per year.

3. What are the impacts of fumes and noise from the generators? Having generators inside a building is not typical.

As stated in Appendix 8.A Response 7 of Volume 3 of the CEEAR, the emergency generator may be located either in the basement of the main building or on the easterly side of the main building, which is approximately 180 feet from the nearest (northern) property line, and approximately 400 feet from the nearest home. Only one generator is needed for the site. The generator is nominally 6 feet long by 4 feet wide and 5 feet high and would be contained in a noise-dampening enclosure with mufflers.

The generator would be installed in accordance with all relevant codes and requirements.

H. Visual Impacts

1. It is impossible to screen the site from the adjacent neighbors.

The Applicant previously submitted a Landscape Buffer Plan which proposed extensive plantings, which are predominantly evergreen trees located along the northern property line adjacent to the neighboring residences. While screening is proposed by the Applicant, it is important to recognize that the subject buildings were constructed many years prior to those of adjacent residences.

Thank you for your consideration.

Sincerely,

JMC Planning Engineering Landscape Architecture & Land Surveying, PLLC

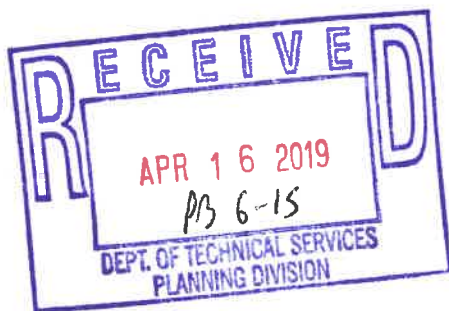
Robert B. Peake

Robert B. Peake, AICP
Project Manager

cc: Mr. Steve Laker
Robert Davis, Esq.

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APPENDIX 40



Memorandum

Copies 1 Planning Board
..... Town Board
..... Zoning Board
..... 1 Legal Dept.
..... 1 DOTS Director
..... C.A.C.
..... A.R.C.
..... 1 Applicant
..... 1 Robert Davis, Esq.
..... 1 JMC
Sent 7/16/19
1 Ralph M. ...
1 WSP

To: Mr. Michael Preziosi, PE
Director - Dept. of Technical Services
Town of Cortlandt
1 Heady Street
Cortlandt Manor, New York 10567

From: William A. Canavan, PG, LSRP
HydroEnvironmental Solutions, Inc.
One Deans Bridge Road
Somers, New York 10589

Date: April 11, 2019

Re: Hudson Ridge Wellness Center
Review of Hydro Quest and WSP Letters
2016 Quaker Ridge Road
Cortlandt, New York

HydroEnvironmental Solutions, Inc. (HES) was retained by the Town of Cortlandt to review the Hudson Ridge Wellness Center (HRWC) Application for a proposed 92 bed drug and alcohol rehabilitation facility as it relates to groundwater hydrogeology and water usage. As part of our evaluation process, HES reviewed the following documents provided by the Town and the Applicant:

1. A January 29, 2019 letter from HydroQuest (HQ) related to the 2018 Pumping Test conducted at the subject site.
2. A February 26, 2019 response letter from the Applicant's hydrogeologic consultant, LBG Hydrogeologic & Engineering Services, P.C., member of WSP (LBGHES) related to the HQ letter.
3. A March 4, 2019 letter from LBGHES describing the proposed post-approval well monitoring plan.

In the January 29, 2019 letter, HQ disputed the findings of WSP's October 2018 Pumping Test Report. The arguments made by, HQ can be summarized as follows:

- The 72-hour pumping test did not adequately stress the aquifer under full project water demand or seasonally dry or drought conditions.
- The water demand calculated for HRWC is not accurate, and a demand of 175 gallons per day (gpd) per hospital bed, as recommended by New York State Department of Environmental Conservation (NYSDEC), should be used instead of the 110 gpd used by the Applicant.
- The Greenstein and Shapiro wells located at 83 and 78 Quaker Ridge Road, respectively, were the only two monitoring wells impacted by the pumping test

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(on or off-site) and therefore are the only true monitoring wells measured during the pumping test.

- Water levels in the pumping wells were continuing to decline at the termination of the pumping test.
- Because the Greenstein and Shapiro wells were in use during the pumping test, the effects of on-site pumping cannot be accurately determined.
- There may be other impacted off-site wells which were not monitored during the test.

In response, the February 26, 2019 letter from LBGHES addressed points made by HQ and defended the findings of the Pumping Test Report. The points made by WSP are summarized as follows:

- The pumping test adequately stressed the aquifer by pumping the two wells at a combine rate of more than twice the average water demand for the project (17.6 gpm) continuously for 72 hours, a scenario that will not occur under proposed occupancy conditions
- Background precipitation and well monitoring data and annual precipitation totals from a local weather station indicate the pumping test was completed during seasonal and multi-year dry periods.
- HRWC is intended to be a drug rehabilitation center and not a general hospital or nursing home. The proposed water demand was based on NYSDEC standards and approved by Westchester County Department of Health (WCDOH).
- The off-site monitoring program provides excellent coverage of the 1,500-foot radius around the site taking into consideration wells with purported pressure or supply issues and local fracture trace patterns and provides clear information on off-site impacts. The monitoring program was approved by WCDOH and HES on behalf of the Town of Cortlandt prior to the start of the test.
- Sixty-seven property owners were solicited to participate in the off-site monitoring program. 16 wells were monitored out of the 18 owners who were interested in the program (two wells were deemed inaccessible). The results from the off-site program indicate that off-site impacts were limited to only two wells.
- The pumping test demonstrates there is a sufficient amount of water above the existing pump settings of each of the Greenstein and Shapiro wells. The utilization of the HRWC wells during proposed occupancy conditions should have no discernable impact to the off-site wells monitored.
- HQ's statement that the water level in the HRWC wells continued to decline following termination of the test is a misrepresentation of the results. The water level change in the final six hours of pumping met the NYSDEC criteria of less than 0.5 foot per 100 feet of available drawdown in each well.

- The fact that the Greenstein and Shapiro wells (and other off-site monitoring wells) were in use during the duration of the test doesn't compromise the data collected from the wells or undermine the conclusions of the pumping test report.

In the March 4, 2019 letter, the Applicant proposed a new post-approval well monitoring plan which was also described in the February 26 letter and previous reports and work plans. The monitoring plan would begin three to six months before the facility's certificate of occupancy is issued and continue for up to two years after 75 percent occupancy has been achieved. The program as proposed by the Applicant would monitor up to six wells using pressure transducer data loggers as was done during the pumping test. The Greenstein and Shapiro wells at 83 and 78 Quaker Ridge Road would be solicited as part of the program based on the drawdown effects documented at these wells during the pumping test. Off-site monitoring data would be compiled by LBGHES and submitted to the Town as semi-annual reports which would also include water level data and pumping volumes from on-site wells which will be metered. The Applicant has also proposed sending monthly operational reports, including pumping volumes, to the Town and WCDOH.

Based on our review of the above outlined letters we offer the following:

Pumping Test and On-site Well Monitoring

In their January 19, 2019 letter HQ questioned the stabilization of the two pumping wells and criticized the pumping test methodology used by LBGHES stating:

"using the methodology employed by professional hydrogeologists, stabilized aquifer equilibrium conditions were not achieved during the 2018 aquifer test.... The moderate downward-trending slopes on these graphs documents that aquifer equilibrium conditions have not been achieved."

The simultaneous two well 72-hour pumping test met the requirements of the WCDOH and followed NYSDEC Guidelines for pumping tests. The purpose of the pumping test was to demonstrate that an adequate water supply was available for the proposed HRWC facility based on the project demand, not to establish equilibrium conditions in the bedrock aquifer. As stated in the pumping test report, at the test's conclusion stabilization, as defined in the NYSDEC Pumping Test Guidelines as less than 0.5 foot per 100 feet of available drawdown in the final six hours of pumping, was achieved.

HQ's 180-day projections, indicating over 100 feet of drawdown will occur in the wells if they were pumped continuously at the pumping test rate of 9 gpm each for 180 days is not relevant. If this scenario were to occur, ample drawdown would still be available in each well (total well depths are 385 feet and 800 feet in Wells 1 and 2 respectively). However, this is unlikely as the wells will are not expected to pump double the daily demand continuously for a multiday period, let alone a 180-day period. In addition, the site will be serviced by a one day 12,000-gallon water tank which may be used to meet peak demands. The 12,000-gallon water tank is proposed and designed into the new water system. The existing fire suppression tank is proposed for use, and one of the original wells is proposed for use in filling the fire suppression tank only. If it is shown on the site plan that one of the existing wells is connected only to the fire suppression tank, in our opinion one of the wells can remain, as it will only be used to top off the fire suppression tank and will have minimal use.

HQ's claims that "Aquifer depth and continuity over the broad project area have not been adequately addressed". HES believes that the three pumping tests demonstrate that the two supply wells are capable of achieving HRWC's daily demand. The most recent test conducted in August 2018 effectively demonstrated the facility's water demands could be met without severe impacts on neighboring supply wells. The water bearing fractures and their depth are irrelevant to the testing and the water supply. Additionally, hydrographs from the pumping wells indicate that water level recovery to pre-pumping level following cessation of pumping was relatively rapid.

HQ's comment regarding the total drawdown measurements of 345 feet and 460 feet in Wells 1 and 2 respectively during a "previous aquifer test" are misinterpreted. These water levels, which are shown on the driller's logs for Wells 1 and 2 were not from an "aquifer test", but are measurements made by the driller following well installation using air lift through the drilling tools from the bottom of the borehole. Well drillers use air lift from the drill rig to provide an approximation of a well's capacity. They are not actual measured values from long-term pumping at the wells and the duration of the air lifting is unknown. Long term pump testing is the most accurate way to determine a well's capacity.

HES agrees with HQ's statement that the two on-site monitoring wells are not hydraulically connected to the pumping wells as was demonstrated during testing at Wells 1 and 2. However, the lack of induced drawdown in the wells does not mean disqualify there use as monitoring wells as stated by HQ. On the contrary, the lack of drawdown in the two on-site monitor wells confirms that these two well locations are not connected to the same water bearing fracture set(s) as the pumping wells.

Off-site Well Monitoring Program

HES agrees with LBGHES that the 16 off-site homeowner wells provided sufficient coverage, and a total of sixty-seven (67) off-site surrounding well owners were notified and solicited to participate in the well monitoring program. The two impacted wells contained ample available drawdown in the wells at the end of testing (475 feet and 175 feet), demonstrating ample water will be available in the wells during drought conditions. As noted in the site-wide water budget, even under severe drought conditions (30-year drought), recharge to the bedrock aquifer is substantially greater than the water demand for the project.

The 72-hour pumping test induced drawdown in the Shapiro (78 Quaker Hill Road) and Greenstein (83 Quaker Hill Road) wells while pumping double the daily demand. Which well induced the impacts is irrelevant. The impacts were discernible but not concerning because there was plenty of available drawdown in both impacted wells at the peak drawdown levels. Additionally, the Applicant has proposed long-term monitoring of impacted wells to ensure that no adverse impacts occur.

As noted above with regards to the on-site monitoring wells, no impact or induced drawdown in a well does not indicate the well is not a valid monitoring well, it simply means that the well(s) with no impact is not hydraulically connected to the pumping wells. As HQ points out, bedrock aquifers are anisotropic.

HQ's assertion that the value of monitoring data from off-site wells is negated by homeowner pumping is incorrect. Data loggers in the wells were set to collect water level readings at a frequency sufficient to determine the effects of homeowner use versus impacts related to on-site pumping. The homeowner well pumping cycles are clearly indicated on the hydrographs, as are the impacts related to on-site pumping on the Shapiro and Greenstein wells.

Consideration of Dry and Drought Condition Impacts on the Bedrock Aquifer

The LBGHES response regarding precipitation monitoring before during and after the pumping test supports the conclusion that rainfall was not a factor regarding the water supply on-site. The 2012-2018 rainfall data presented by LBGHES indicates rainfall over the past 6 years prior to the pumping test was significantly below average (page 2 of WSP February 226, 2019).

The Applicant's hydrogeologic consultant carefully monitored rainfall before, during and after the pumping test. The pumping test report specifically states the rainfall amounts for multiple years prior to testing, provides for rainfall documented from an on-site rain gage and from a National Weather Service rain gage within the same drainage basin (not the Cross River in an entirely different water shed on the eastern

side of the county, as listed in the HQ letter). As noted by the Applicants consultant, long-term rainfall trends were well below average. HES believes the rainfall and its minimal effects on groundwater recharge during the testing period were carefully detailed and accounted for and was not a factor in skewing the testing results.

Water Demand

HES is satisfied with the water demand of 110 gpd for the proposed Hudson Wellness Center. The WCDOH approved this demand, and the demand is site-specific in that the facility is not considered a hospital and has lesser demand.

- The Applicant demonstrated to the WCDOH and to HES that the proposed use was not a typical hospital, and that the per bed water use of 110 gpd was justified. If the agency responsible for estimating water use approves of the calculated demand, that is the demand that should be used to estimate the water budget. It should be noted that HES attempted to find an applicable Standard Industrial Code (SIC) for the proposed use at the site, and none was found, therefore, relying on the WCDOH approved water use per bedroom is acceptable. Additionally, the proposed use for the site does not include on-site laundry or irrigation. However, when it comes to estimating project demand HQ cites the NYSDEC water use numbers for a hospital at 175 gpd per bed, yet when it comes to pumping test protocol, HQ wishes to use their own interpretation of stabilization and protocols not the NYSDEC Water Supply Testing Guidelines. Regulations and Guidelines are promulgated by state and county agencies for a reason, they are not open for interpretation by professional hydrogeologists as a matter of convenience.

Post-Approval Monitoring Plan

As proposed by the Applicant, a long-term post-approval off-site monitoring plan should be put in place three to six months prior to granting of the certificate of occupancy for HRWC and should continue for two years following 75% occupancy. HES is in agreement that the Greenstein and Shapiro residences at 83 and 78 Quaker Ridge Road should be solicited to participate in the program. The Applicant has proposed mitigation measures for any off-site wells that may be adversely impacted from on-site pumping. Mitigation measures could include lowering a pump, deepening a well or in extreme cases replacing a well. Additionally, the on-site supply wells should be individually metered as proposed, and monthly update reports should be submitted to the Town for review to confirm water use and if any off-site impacts have occurred. The proposed monitoring plan was submitted with the August 2018 Water Supply Assessment Report and in a subsequent March 4, 2019 letter from WSP to the Town of Cortlandt citing the submitted Off-Site Monitoring Plan and stating that the on-site wells would be metered and water use reports would be submitted to the Town.

Conclusions & Recommendations

HES agrees with LBGHES that the water demand for the project was accurately and properly justified and that the 72-hour simultaneous pumping test was conducted in accordance with the WCDOH and HES approved work plan. The pumping test demonstrated that Wells 1 and 2 can support the project and are compliant with WCDOH and NYSDEC requirements for community water supplies.

The off-site well monitoring program was thorough and comprehensive. The pumping test was conducted as per the approved work plan and in accordance with WCDOH and NYSDEC Guidelines. Both are valid and well thought out and confirm the presence of a viable water supply for the project with minimal off-site impacts given the project demand.

Based on the findings of the multiple pumping tests and the off-site well monitoring program, HES does not recommend any additional hydrogeologic testing at this time, other than implementing a long-term monitoring plan which should be put in place following project approval.

If you have any questions regarding this matter or should you require any additional information, please contact me at (914) 276-2560.

cc: File

APPENDIX 4I



Site Planning
Civil Engineering
Landscape Architecture
Land Surveying
Transportation Engineering

Environmental Studies
Entitlements
Construction Services
3D Visualization
Laser Scanning

April 25, 2019

Loretta Taylor, Chairperson and Members of the
Town of Cortlandt Planning Board
Town Hall
1 Heady Street
Cortlandt Manor, NY 10567

Re: JMC Project 14088
Proposed Specialty Hospital
2016 Quaker Ridge Road
Town of Cortlandt, New York

Dear Chairperson Taylor and Members of the Board:

We have prepared this letter and attachments to address the outstanding comments in the Provident Design Engineering letter, dated April 16, 2019. Comments which have been addressed to the satisfaction of the Town traffic consultant are not reiterated herein. The comment numbers are consistent with the numbering in the Provident Design Engineering letter.

Comment No. 2

The Applicant indicates that New York State Department of Transportation (NYSDOT) has provided an oral advisement that 10 feet from the roadway pavement is 'typically' used for purposes of the 10% standard. PDE maintains that the Applicant should confirm that the design meets the following criteria set forth in the NYSDOT Design Manual:

"Minimum vertical curve to accommodate the design vehicle. Whenever the driveway grade changes, the profile should be rounded by connecting the two different grades with a smooth vertical curve. Abrupt changes in driveway grade near the highway may cause operational and safety problems. Driveway profiles should prevent vehicle undercarriage damage and facilitate entering and exiting maneuvers. Refer to the driveway profiles found in the Residential and Minor Commercial Driveways Standard Sheets 608-03."

The Applicant further indicates that lessening the grade on the driveway would require substantial excavation (8-10 feet) for a length of more than 200 feet. It is stated that this would result in significant regrading that would impact the subsurface sanitary sewer improvements, as well as wetland impacts, and the septic system improvements could not be relocated on site. The Applicant does not indicate whether the provision of retaining wall in combination with regrading would avoid impacts to the septic system.

The Applicant provided examples of two locations within the Town where maximum grades exceed 10%. The two examples are as follows:

1. *Springvale Road approach to NYS Route 9A*
 - a. *Maximum grade - 16.6%*
 - b. *Grade within 50 feet of intersection - 8.5%*
 - c. *Grade at intersection-2.9%*
2. *Jacobs Hill Road approach to US Route 6*
 - a. *Maximum grade-15.4%*
 - b. *Grade within 50 feet of intersection - 6.7%*
 - c. *Grade at intersection - 1.2%*

Although the maximum grades at these two locations are greater than the proposed maximum grade of 13% on the proposed site driveway, the grades in the more immediate vicinity of the intersection are substantially less than the proposed site driveway, which is proposed to have a grade of approximately 11% within 50 feet of the intersection and 5% at the intersection. As noted above, the Applicant should confirm that the criteria set forth by NYSDOT is met, especially with respect to whether the driveway profiles may cause any vehicle undercarriage damage. This can be confirmed with vehicle tracking software. PDE recommends this be investigated for the following design vehicles:

- *Typical Passenger Vehicle*
- *Delivery Vehicle (SU-30)*
- *Delivery Vehicle (SU-40)*

Response No. 2

The attached information prepared by Ralph G. Mastromonaco, PE, PC confirms a firetruck can traverse the proposed grade transition without impacting the vehicle undercarriage. While the proposed centerline of the driveway is shown with a 5% initial slope, the vast majority of entering traffic, projected at 95% entering from the south, will be traversing along a lesser slope since the travel distance is greater in the transition area for an entering vehicle between the existing road and the proposed driveway, as compared to an exiting vehicle making a left turn. The attached Existing Road Grade Exhibit Springvale Road, dated 4/24/2019 prepared by Ralph G. Mastromonaco, PE, PC shows the Springvale Road grade at the intersection with Route 9A is approximately 7.14 percent. The previously submitted plan inadvertently labeled the Route 9A slope of 2.9 percent as if it were a portion of Springvale Road.

Retaining walls are already proposed on both sides of the proposed improved driveway in the vicinity of the septic system. If the driveway was lowered even more in association with a 10% maximum driveway slope, the retaining walls would need to be substantially higher and longer, and it would have the feel of an undesirable 'tunnel effect'.

The Applicant had extensive discussions with Town professional staff throughout 2018, at which Mr. Holt was present at least on some of the occasions, where the grade was extensively discussed, and it the Applicant's understanding that the Director of Technical Services/Town Engineer agreed that the driveway grade would be acceptable so long as the existing grade was not increased." As discussed in previous submissions, the Applicant proposes to substantially reduce the existing grade at the entrance as requested from 14% to 5%, and the grade does not violate any applicable

regulations. As also previously submitted, the existing driveway was used for institutional uses for at least 60 years.

Comment No. 3

The Applicant indicates the proposed driveway improvements do not impact the historic nature of the road. PDE defers to the Town on this matter.

Response No. 3

So noted. The Applicant trusts the Town will concur that a minor widening of approximately 2 inches along a roadway length of only 37 feet and the requested driveway entrance improvements will not be perceptible relative to the character of the roadway.

Comment No. 5

As noted previously, the actual daily trips can be confirmed with the traffic monitoring study to be performed by the Applicant as part of the Transportation Management Plan. The finalized version of the Transportation Management Plan should be a condition of Site Plan Approval that will need to be deemed acceptable by the Director of Technical Services.

Response No. 5

The Applicant previously submitted the proposed Transportation Management Plan, as an agreed condition of approval which includes traffic and parking monitoring, and will consider any requested modifications which may be requested by the Director of Technical Services.

Comment No. 8

The Applicant has provided an updated Driveway Improvement Plan that demonstrates that the 20-foot traveled way can be provided with minor additional widening along the west side of Quaker Ridge Road immediately south of the site driveway, as well as the removal of overburden as previously indicated. The Applicant will need to provide a Construction Plan to formally identify how the 20-foot width will be achieved in this area and to what extent the pavement will need to be replaced and/or repaired. This Plan should be prepared as part of the Site Plan Approval Process to confirm whether there would be any impact or modification to the historic characteristics of the roadway.

Response No. 8

The enclosed Quaker Ridge Road Improvement Plan has been prepared as requested by Ralph G. Mastromonaco, PE, PC. The plan confirms that there would not be a perceptible impact to the historic characteristics of the roadway resulting from the minor improvements.

Comment No. 9

The Applicant provided additional truck turning templates in the plan set dated revised February 27, 2019. The additional truck turning templates illustrate an SU-30 and SU-40 truck entering and exiting the site driveway to/from Quaker Ridge Road to the north. These turning templates indicate that the maneuver may be very difficult to accomplish, especially for the SU-40 and there would significant vehicle overhang on the south side of the site driveway. Additionally, these vehicles would need to fully encroach into the oncoming lane of traffic on Quaker Ridge Road in order to exit the site. This may create an unsafe condition and the Applicant may need to closely coordinate these delivery trips and provide temporary traffic control on Quaker Ridge Road to avoid potential vehicular conflicts.

Response No. 9

Although the Applicant has already committed to the condition of including in its Transportation Management Plan its directing delivery vehicles to travel to and from the south, the Applicant will augment the Transportation Management Plan to also include a condition that, in the event that a delivery vehicle needs to exit the site and travel north along Quaker Ridge Road, the Applicant will utilize on-site security personnel to provide traffic control to advise drivers along Quaker Ridge Road of the movement of the delivery vehicle and to assist the vehicle in making the turn safely.

Comment No. 11

The Applicant indicates the visitor parking spaces will be made available to staff on weekdays and visitors on weekends, when staffing is reduced. A portion of the visitor spaces should be remain reserved on weekdays for operational-type visitors.

As noted previously, a Parking Monitoring Study will be part of the Transportation Management Plan. The finalized version of the Transportation Management Plan should be a condition of Site Plan Approval that will need to be deemed acceptable by the Director of Technical Services. At a minimum, the Parking Monitoring Study should be performed at the following thresholds:

- Initial occupancy of the facility*
- 50% occupancy of the facility*
- 75% occupancy of the facility*
- 100% occupancy of the facility (and for two years thereafter)*

If the parking demand at any of these thresholds indicates that the parking supply to be provided is (or will be) deficient then the Applicant will need to come back before the Planning Board to demonstrate how the land-banked parking necessary to meet the parking demand will be accommodated from an engineering and environmental standpoint (no engineering detail currently provided for the land-banked parking areas). The additional impacts associated with the land-banked area(s) will need to be considered cumulative to the original impacts to determine State Environmental Quality Review Act (SEQRA) implications.

Response No. 11

Three such proposed visitor spaces are shown on the previously submitted Driveway Improvement Plan. The spaces are conveniently located adjacent to the proposed ADA spaces in the vicinity of Building #1.

The Applicant will provide the Parking Monitoring Study at the suggested thresholds as part of the Transportation Management Plan, required as a condition of approval as agreed by the Applicant. As noted in prior letters, including our letter dated 3/21/2019, the Applicant is requesting a parking waiver, not "land-banked" spaces as referenced in the comment. Significantly, no such additional spaces are proposed or anticipated. However, the Applicant understands that Planning Board approval would be required in the unexpected event that, based on the agreed and required parking monitoring, additional parking is necessary, as referenced on the previously submitted Additional Parking Plan In Support Of The Parking Count Waiver, as requested by Town staff. Moreover, if any additional spaces are desired by the Applicant or Town based on actual future operations, the number of spaces would likely be 10 or fewer spaces based on the information previously submitted in support of the requested waiver. Thus, under these circumstances, it is the Applicant's position that any review and approval of future spaces would be a separate new Planning Board application for an amended site plan approval, and any relatively minor SEQRA impacts would be addressed at that time. Regardless, the 10 or fewer spaces would not be expected to have significant cumulative SEQRA implications, even if considered relative to the proposed action. The 10 spaces could be provided on the north side of the roadway, as depicted in the Additional Parking Plan, in an already cleared/developed area adjacent to Building #1 with relatively minor disturbance, including a short retaining wall to minimize disturbances, and likely a drywell for stormwater. No sensitive environmental features, such as trees, steep slopes, wetlands or wetland buffers would be affected.

We are willing to discuss our various responses if desired.

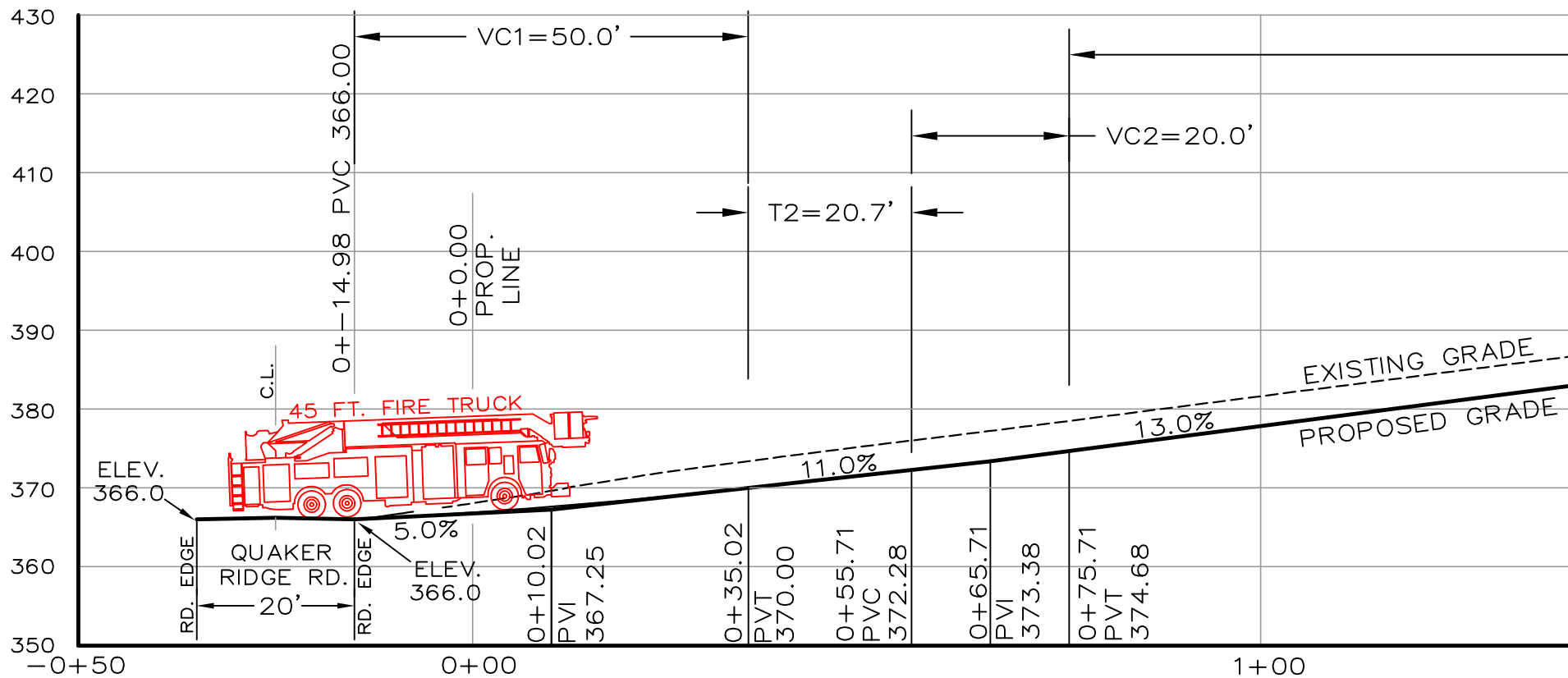
Sincerely,

JMC Planning Engineering Landscape Architecture & Land Surveying, PLLC



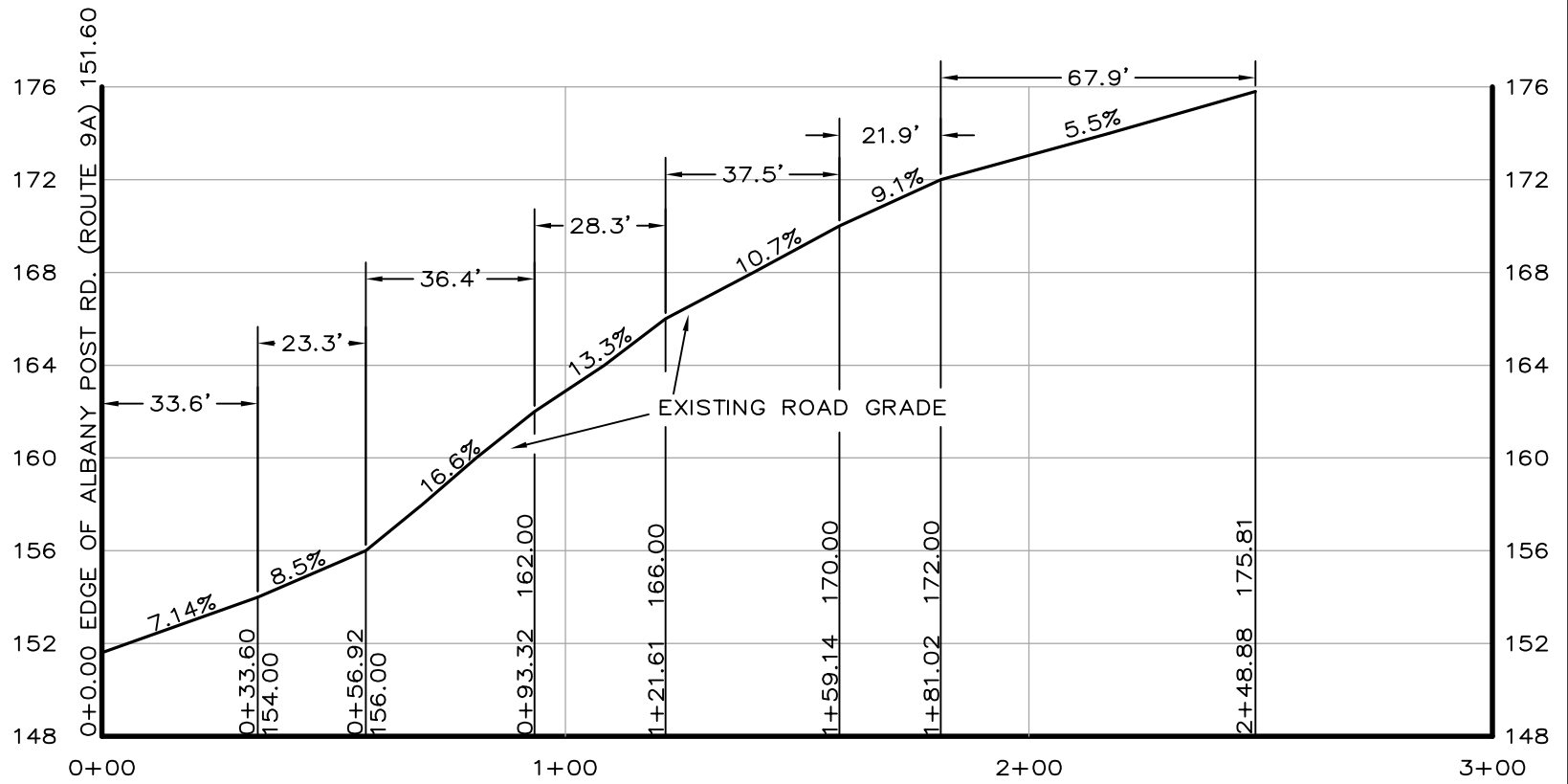
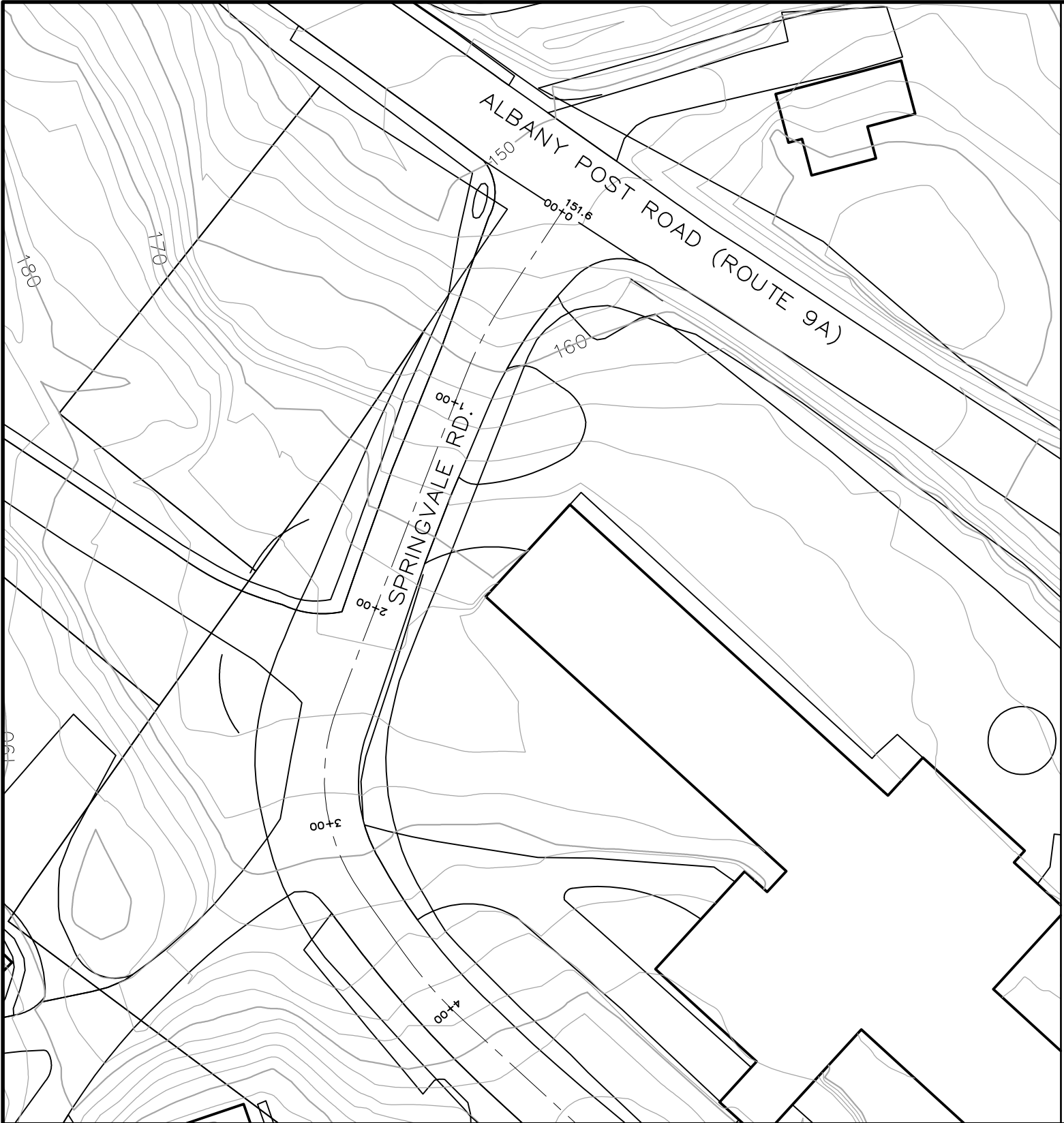
Richard J. Pearson, PE, PTOE
Senior Associate Principal

cc: David Douglas, Chairman and Members of the Town of Cortlandt Zoning Board of Appeals
Mr. Steve Laker
Robert Davis, Esq.
Mr. Ralph Mastromonaco, PE

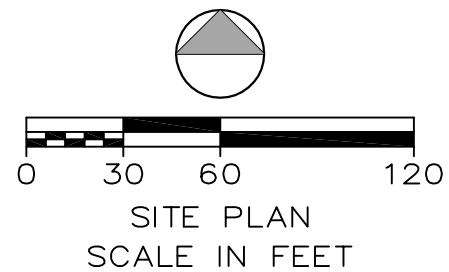


ENTRANCE DRIVEWAY PROFILE
13% MAX. GRADE
SCALE: HOR. 1" = 20'
VER: 1" = 20'

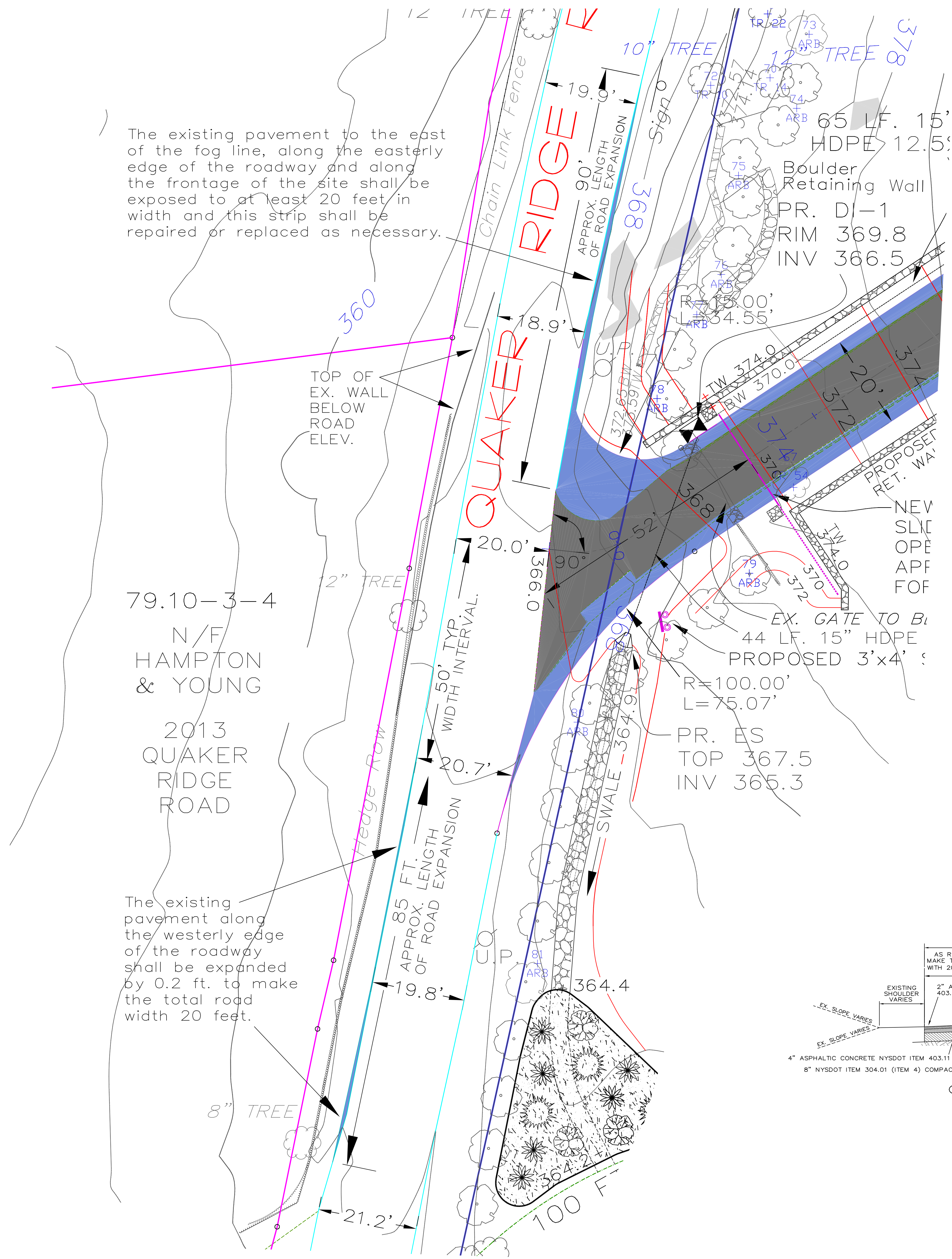
45 FT. FIRE TRUCK APPROACH
HUDSON RIDGE WELLNESS CENTER
LOCATED AT
2016 QUAKER RIDGE RD
TOWN OF CORTLANDT
WESTCHESTER CO. NY
APRIL 25, 2019



RALPH G. MASTROMONACO, P.E., P.C.
Consulting Engineers
13 Dove Court, Croton-on-Hudson, New York 10520
(914) 271-4762 (914) 271-2820 Fax

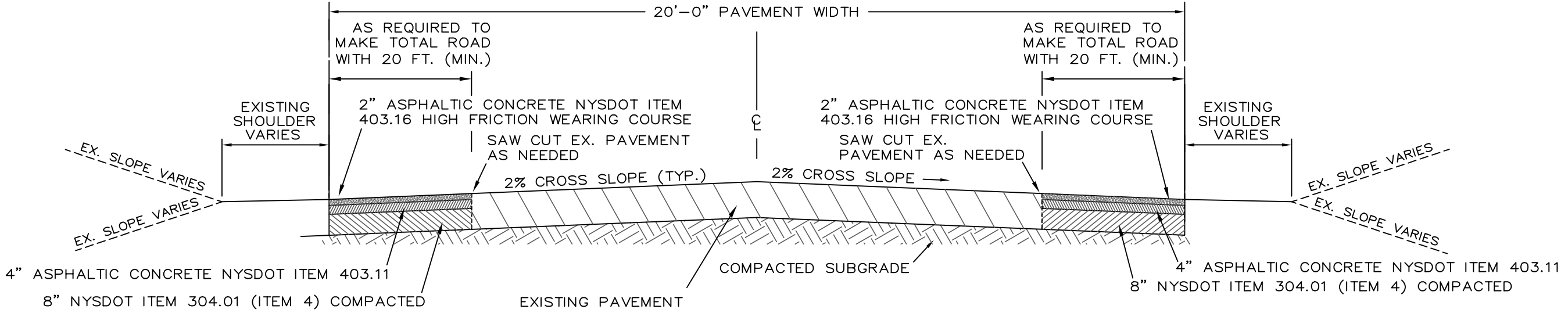


EXISTING
ROAD GRADE EXHIBIT
SPRINGVALE ROAD
TOWN OF CORTLANDT
WESTCHESTER CO. , NY
APRIL 24 , 2019

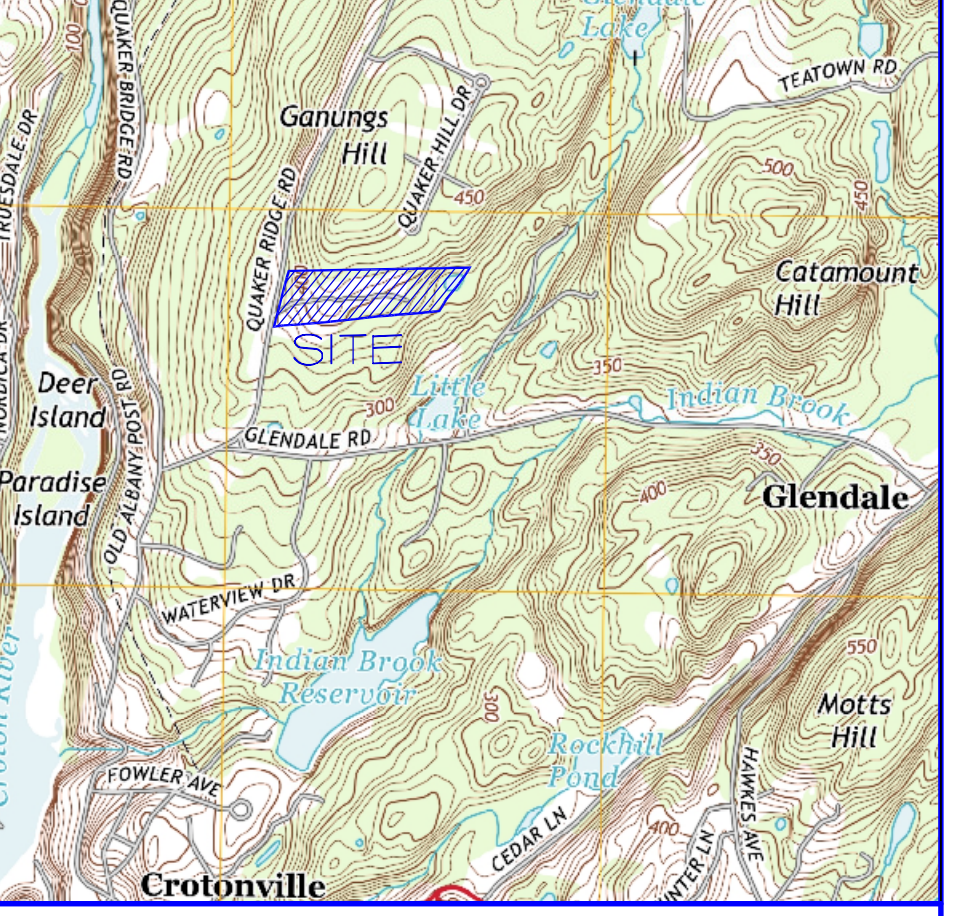


The existing pavement to the east of the fog line, along the easterly edge of the roadway and along the frontage of the site shall be exposed to at least 20 feet in width and this strip shall be repaired or replaced as necessary.

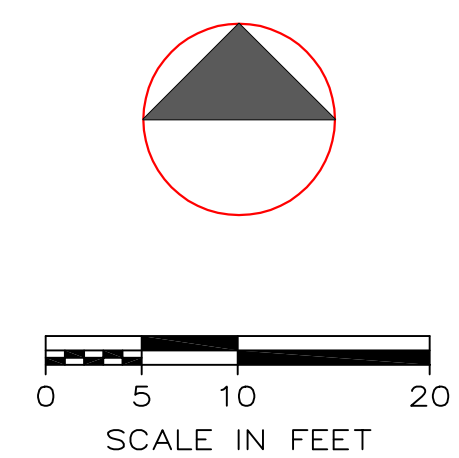
The existing pavement along the westerly edge of the roadway shall be expanded by 0.2 ft. to make the total road width 20 feet.



QUAKER RIDGE ROAD WIDENING DETAIL
N.T.S.



VICINITY MAP

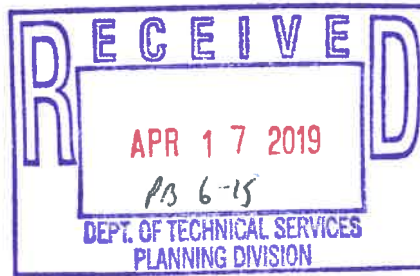


LEGEND		
EXISTING	PROPOSED	
		CATCH BASIN
		DRAIN MANHOLE
		DRAIN INLET
		HEADWALL
		SEWER MANHOLE
		MONUMENT
		O.W.T.A.
		CONTOUR LINE
		SPOT ELEVATION
		DRILLED WELL

RALPH G. MASTROMONACO, P.E., P.C.
Consulting Engineers
13 Dove Court, Croton-on-Hudson, New York 10520
(914) 271-4762 (914) 271-2820 Fax

QUAKER RIDGE ROAD
IMPROVEMENT PLAN
PREPARED FOR
HUDSON RIDGE
WELLNESS CENTER
LOCATED AT
2016 QUAKER RIDGE RD
TOWN OF CORTLANDT
WESTCHESTER CO. NY
APRIL 25, 2019
SHEET 8 OF 8 SHEETS

SUB-APPENDIX A



April 16, 2019

Michael Preziosi, P.E.
Director – Dept. of Technical Services
Town of Cortlandt
1 Heady Street
Cortlandt Manor, NY 10567

RE: Traffic Engineering Re-Review
Hudson Wellness Facility – 79.11-1-18
Town of Cortlandt, New York

Dear Mr. Preziosi:

Provident Design Engineering, PLLC (PDE), a licensed Professional Engineering Firm in the State of New York, has conducted a Traffic Engineering Re-Review on the above-referenced Application. This review considered responses to PDE's February 22, 2019 Review Letter provided by the Applicant in their March 21, 2019 Response Letter. In addition to the March 21, 2019 Response Letter, the following additional information was reviewed:

1. January 19, 2018 JMC Response Letter to October 26, 2017 PDE Letter
2. January 19, 2018 JMC Response Letter to Town Staff Comments
3. January 19, 2018 JMC Response Letter to November 14, 2017 New Castle Letter
4. Site Plans dated January 8, 2018, prepared by Ralph G. Mastromonaco, P.E., P.C.
5. Transportation Management Plan dated February 22, 2018 prepared by JMC
6. Expanded Environmental Assessment Report dated July 20, 2015
7. Expanded Environmental Assessment Report dated October 10, 2016
8. October 20, 2016 letter from JMC to the Town of Cortlandt ZBA
9. April 10, 2017 Addendum to the Expanded Environmental Assessment Report dated October 10, 2016
10. July 10, 2017 2nd Addendum to the Expanded Environmental Assessment Report dated October 10, 2016
11. July 31, 2017 letter from JMC to Town of Cortlandt Planning Board
12. September 8, 2017 letter from JMC to Town of Cortlandt Planning Board
13. Site Plan for Hudson Ridge Wellness Center dated October 5, 2016
14. May 21, 2018 JMC Response Submittal Cover Letter
15. March 22, 2018 JMC Response Letter to Town Professional Staff and Consultant Meeting Comments
16. April 30, 2018 Letter from Scott Cullen to Robert Davis

Copies 1 Planning Board

..... Town Board

..... Zoning Board

..... 1 Legal Dept.

..... 1 DOTS Director

..... C.A.C.

..... A.R.C.

..... 1 Applicant

..... 1 Robert Davis, Esq.

..... 1 JMC

Sent 4/17/19

1 Ralph Mastromonaco
P.E.

17. May 14, 2018 JMC Letter Addressing Public Facebook Comments
18. May 18, 2018 JMC Response Letter to Mr. Shannon Comments
19. May 18, 2018 JMC Response Letter to March 23, 2018 PDE Letter
20. May 16, 2018 Letter from Ralph G. Mastromonaco to Dan O'Connor
21. May 8, 2018 Email from Ralph G. Mastromonaco to Michael Preziosi
22. Site Plans dated Revised May 16, 2018 prepared by Ralph G. Mastromonaco, PE, PC
23. August 13, 2018 JMC Response Letter to June 11, 2018 PDE Letter
24. Site Plans dated Revised August 8, 2018 prepared by Ralph G. Mastromonaco, PE, PC
25. Survey Plan dated Revised October 18, 2018 prepared by TC Merritts Land Surveyors
26. Revision #1 to August 13, 2018 JMC Response Letter dated revised November 12, 2018
27. Transportation Management Plan dated revised November 12, 2018 prepared by JMC
28. Revision #2 to August 13, 2018 JMC Response Letter dated revised December 17, 2018
29. Site Plans dated Revised December 4, 2018 prepared by Ralph G. Mastromonaco, PE, PC
30. Site Plans dated Revised February 27, 2019 prepared by Ralph G. Mastromonaco, PE, PC

Based upon a review of the responses and additional information provided, there are items that still need to be further addressed by the Applicant. The following provides a summary of comments on the Applicant's responses in the order in which they appeared in the March 21, 2019 Response Letter:

1. The Applicant has provided a more detailed plan that clearly notes the gravel path will be an ADA accessible path. Additionally, the path has been relocated around the proposed land-banked parking area on the updated plans. PDE finds this response to be acceptable.
2. The Applicant indicates that New York State Department of Transportation (NYSDOT) has provided an oral advisement that 10 feet from the roadway pavement is 'typically' used for purposes of the 10% standard. PDE maintains that the Applicant should confirm that the design meets the following criteria set forth in the NYSDOT Design Manual:

"Minimum vertical curve to accommodate the design vehicle. Whenever the driveway grade changes, the profile should be rounded by connecting the two different grades with a smooth vertical curve. Abrupt changes in driveway grade near the highway may cause operational and safety problems. Driveway profiles should prevent vehicle undercarriage damage and facilitate entering and exiting maneuvers. Refer to the driveway profiles found in the Residential and Minor Commercial Driveways Standard Sheets 608-03."

The Applicant further indicates that lessening the grade on the driveway would require substantial excavation (8-10 feet) for a length of more than 200 feet. It is stated that this would result in significant regrading that would impact the subsurface sanitary sewer improvements, as well as wetland impacts, and the septic system improvements could not be relocated on site. The Applicant does not indicate whether the provision of retaining wall in combination with regrading would avoid impacts to the septic system.

The Applicant provided examples of two locations within the Town where maximum grades exceed 10%. The two examples are as follows:

1. Springvale Road approach to NYS Route 9A
 - a. Maximum grade - 16.6%
 - b. Grade within 50 feet of intersection – 8.5%
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 - a. Maximum grade – 15.4%
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 - c. Grade at intersection – 1.2%

Although the maximum grades at these two locations are greater than the proposed maximum grade of 13% on the proposed site driveway, the grades in the more immediate vicinity of the intersection are substantially less than the proposed site driveway, which is proposed to have a grade of approximately 11% within 50 feet of the intersection and 5% at the intersection. As noted above, the Applicant should confirm that the criteria set forth by NYSDOT is met, especially with respect to whether the driveway profiles may cause any vehicle undercarriage damage. This can be confirmed with vehicle tracking software. PDE recommends this be investigated for the following design vehicles:

- Typical Passenger Vehicle
 - Delivery Vehicle (SU-30)
 - Delivery Vehicle (SU-40)
3. The Applicant indicates the proposed driveway improvements do not impact the historic nature of the road. PDE defers to the Town on this matter.
 4. No additional response necessary.
 5. As noted previously, the actual daily trips can be confirmed with the traffic monitoring study to be performed by the Applicant as part of the Transportation Management Plan. The finalized version of the Transportation Management Plan should be a condition of Site Plan Approval that will need to be deemed acceptable by the Director of Technical Services.
 6. No additional response necessary.
 7. No additional response necessary.
 8. The Applicant has provided an updated Driveway Improvement Plan that demonstrates that the 20-foot traveled way can be provided with minor additional widening along the west side of Quaker Ridge Road immediately south of the site driveway, as well as the removal of overburden as previously indicated. The Applicant will need to provide a Construction Plan to formally identify how the 20-foot width will be achieved in this area

and to what extent the pavement will need to be replaced and/or repaired. This Plan should be prepared as part of the Site Plan Approval Process to confirm whether there would be any impact or modification to the historic characteristics of the roadway.

9. The Applicant provided additional truck turning templates in the plan set dated revised February 27, 2019. The additional truck turning templates illustrate an SU-30 and SU-40 truck entering and exiting the site driveway to/from Quaker Ridge Road to the north. These turning templates indicate that the maneuver may be very difficult to accomplish, especially for the SU-40 and there would significant vehicle overhang on the south side of the site driveway. Additionally, these vehicles would need to fully encroach into the oncoming lane of traffic on Quaker Ridge Road in order to exit the site. This may create an unsafe condition and the Applicant may need to closely coordinate these delivery trips and provide temporary traffic control on Quaker Ridge Road to avoid potential vehicular conflicts.
10. No additional response necessary.
11. The Applicant indicates the visitor parking spaces will be made available to staff on weekdays and visitors on weekends, when staffing is reduced. A portion of the visitor spaces should be remain reserved on weekdays for operational-type visitors.

As noted previously, a Parking Monitoring Study will be part of the Transportation Management Plan. The finalized version of the Transportation Management Plan should be a condition of Site Plan Approval that will need to be deemed acceptable by the Director of Technical Services. At a minimum, the Parking Monitoring Study should be performed at the following thresholds:

- Initial occupancy of the facility
- 50% occupancy of the facility
- 75% occupancy of the facility
- 100% occupancy of the facility (and for two years thereafter)

If the parking demand at any of these thresholds indicates that the parking supply to be provided is (or will be) deficient then the Applicant will need to come back before the Planning Board to demonstrate how the land-banked parking necessary to meet the parking demand will be accommodated from an engineering and environmental standpoint (no engineering detail currently provided for the land-banked parking areas). The additional impacts associated with the land-banked area(s) will need to be considered cumulative to the original impacts to determine State Environmental Quality Review Act (SEQRA) implications.

12. No additional response necessary.
13. No additional response necessary.

Michael Preziosi, P.E.
April 16, 2019
Page 5 of 5

14. No additional response necessary.

Should you have any questions or comments concerning the review letter, please feel free to contact me at 914.367.0204 or via email at cholt@pderesults.com.

Very truly yours,

Provident Design Engineering, PLLC

Carlito Holt

Carlito Holt, P.E., PTOE
Partner/Senior Project Manager

Q:\PROJECTS-17\17-043 Cortlandt HW Review\Ltr\Hudson Wellness Facility Traffic Re-Review 04.16.19.docx

APPENDIX 42

SUB-APPENDIX A











SUB-APPENDIX B

BRIAN M. BALDWIN, LCSW

P.O. Box 848

Locust Valley, N.Y. 11560

516 671-9535

MSW Adelphi University

MS St. John's University

BA Manhattan College

Mr. Brian M. Baldwin, LCSW, in addition to many years as a practicing and supervising clinician and therapist, has extensive experience in Behavioral Health Program Design, Evaluation and Compliance. He has previously worked in the NYS OMH Division of Quality Management and Bureau of Inspection and Certification, as well as in the NYS Office of Alcoholism and Substance Abuse Services. He currently heads Baldwin Consultants, a Behavioral Health Consulting firm established in 1999. Mr. Baldwin has been one of the Associates of Cicero Consulting Associates since 2004. Mr. Baldwin assists Health Systems, Hospitals, Behavioral Health Organizations and Managed Care Organizations with:

- Program Design
- Program Development
- Program Evaluation
- Policy Development
- Regulatory Compliance
- Program Improvement
- Program and Organizational Mergers and Consolidations

During his years at OMH, Mr. Baldwin conducted on site evaluations of most of the inpatient, outpatient and residential mental health programs in the metropolitan area and during his years at QASAS, he designed and implemented a program to assess and place patients on Long Island in substance abuse treatment programs appropriate to their treatment needs. He has provided Comprehensive Program evaluations for inpatient, outpatient and residential mental health and substance abuse programs as well as consultations on medical record documentation and Assessment and Treatment

BRIAN M. BALDWIN, LCSW

Planning instruments design. As a clinician and a consultant, Mr. Baldwin has provided clinical expertise in every level of inpatient, residential and outpatient mental health and substance use treatment service. During 2002-2006, Mr. Baldwin was a consultant to two (2) federal Substance Abuse Mental Health Services Administration (SAMHSA) grants – the World Trade Center Rescue and Recovery Workers Grant and the National Child Traumatic Stress Initiative - Community Treatment and Services Centers grant. Mr. Baldwin was a valuable member of the Independent Parity Compliance Administrator team appointed by the New York State Office of the Attorney General in 2014 to ensure compliance by a major Health Plan with the federal Mental Health Parity and Addictions Equity Act (MHPAEA) of 2013 and subsequently he has provided consultative services to other Health Plans to ensure their compliance with MHPAEA. In 2006, he received the New York State Senate Liberty Award for volunteer work as a behavioral health clinician responder and Team Leader after Hurricane Katrina in 2005, providing counseling and other assistance to evacuees in Houston and San Antonio, Texas, as part of the SAMHSA Emergency Response Team.

HUDSON RIDGE WELLNESS CENTER
BRIAN BALDWIN PRESENTATION FOR TOWN OF CORTLANDT ZBA
SEPTEMBER 18, 2019

Good Evening, members of the Board. I'm Brian Baldwin. In my 50-year career as a counselor and a social worker I have been a mental health and substance use treatment clinician in both inpatient and outpatient settings, a program Director, a New York State OMH and OASAS Quality Assurance Regulator and more recently a Consultant, assisting healthcare organizations in developing mental health and substance use treatment programs and maintaining excellent clinical quality and compliance with NYS Regulations.

At issue today is the question of what is the substance use treatment program that is being proposed by Hudson Ridge Wellness Center. Tonight, I will try to help you understand what the proposed program is and which health services will be provided to the people who seek treatment there for their substance use illness. I use the word illness because a person who is addicted to alcohol or other substances is suffering from an illness that is eligible for treatment paid for by their health insurance. In fact, those Town of Cortlandt employees who have the Empire Plan as their health insurance, are eligible for treatment at a residential substance use treatment program. In addition, the federal law known as the Mental Health Parity and Addiction Equity Act mandates that Mental Health and Addiction treatment must be provided on an equal basis with medical treatment under all health insurance plans.

The definition of chemical dependence from section 1.03(44) of the Mental Hygiene Law is as follows:

“ “Chemical Dependence” means the repeated use of alcohol and/or one or more substances to the extent that there is evidence of physical or psychological reliance on alcohol and/or substances, the existence of physical withdrawal symptoms from alcohol and/or one or more substances, pattern of compulsive use, and impairment of normal development or functioning due to such use in one or more of the major life areas including but not limited to the social, emotional, familial, educational, vocational, and physical.”

The American Society of Addiction Medicine (ASAM), founded in 1954, is a professional **medical** society representing over 6,000 physicians, clinicians and associated professionals in the field of addiction medicine. ASAM provides advocacy to increase access and to improve the quality of addiction treatment. It also is involved in educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction. The ASAM Criteria is recognized as the preeminent reference for substance use treatment professionals.

ASAM has defined addiction as follows:

“Addiction is a primary chronic disease of brain reward, motivation, memory, and related circuitry dysfunction in these circuits, which leads to characteristic biological, psychological, social, and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and or relief by substance use and other behaviors. Addiction is characterized by inability to consistently abstain, impairment in behavioral control, cravings, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.”

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Unfortunately, most of us in this room have seen the effect of the illness of addiction on friends and neighbors and on members of our own family. Perhaps some of us have been instrumental in convincing that friend, neighbor or family member to seek medical treatment in a New York State licensed substance use treatment program. This proposed substance use residential treatment program requires licensure by the NYS OASAS.

Perhaps they will decide to enter a residential substance use treatment program, which is the type of program that is being proposed by Hudson Ridge Wellness Center. There are 210 residential substance use treatment programs licensed by the New York State Office of Alcoholism and Substance Abuse Services in New York State and four (4) in Westchester County. If a person is admitted to a residential substance use treatment program and they have health insurance, their treatment at the residential program will be eligible for payment by their health insurance if they meet what is called "MEDICAL NECESSITY CRITERIA". Medical Necessity Criteria must be met by persons treated at a Residential Substance Abuse Treatment program.

To help you understand medical treatments that are provided at a residential substance use treatment program, such as the program proposed by Hudson Ridge Wellness Center, I will describe the experience of a person entering such a program for medical treatment of his/her addiction.

The first step in the process is the assessment. A person seeking or having been referred to a treatment program, such as the one proposed by Hudson Ridge Wellness Center, will have an initial assessment made by a qualified health professional or other clinical staff under the supervision of a qualified health professional. A qualified health professional is defined under the New York State OASAS regulations as one of the following clinicians:

- A professional licensed and currently registered as such by the New York State Education Department to include:
 - A physician who has received the Doctor of Medicine (M.D.) or doctor of osteopathy (D.O.) degree;
 - A physician's assistant (PA);
 - A certified nurse practitioner;
 - A registered professional nurse (RN);
 - A psychologist;
 - An occupational therapist;
 - A social worker (LMSW; LCSW),
 - a mental health practitioner including: a licensed mental health counselor (LMHC), a marriage and family therapist (LMFT), a creative arts therapist (LCAT), and licensed psychoanalyst; and any mental health practitioner with a Limited Permit.
- A credentialed alcoholism and substance abuse counselor (CASAC).
- A counselor certified by and currently registered as such with the National Board for Certified Counselors;
- A rehabilitation counselor certified by the Commission of Rehabilitation Counselor Certification;
- A therapeutic recreation therapist.

The purpose of the assessment is to identify each person's strengths and deficits, to determine the nature and extent of the person's addiction, including their history of previous addiction treatment attempts and to determine if the person meets the Medical Necessity and admission criteria for a residential substance use treatment program. An important part of the assessment by the physician or nurse practitioner is to determine the level of withdrawal symptoms that each person is experiencing, including his/her cravings to use substances. Assessment is an ongoing process that not only is provided upon admission, but which continues throughout treatment.

The information in the assessment, including the effect of the addiction on his/her functioning at work, in school and in their family and personal life, will inform the preparation of the treatment or recovery plan that is prepared with the input of the person seeking treatment.

The treatment/recovery plan is prepared by a qualified health professional with the input of the person seeking treatment. The recovery plan seeks to identify specific goals and objectives that can be agreed upon to pursue in the treatment program and to design specific interventions or treatments that will be provided, including the names of the clinicians that will be providing the services and frequency of the services.

In a residential substance use treatment program, the following services are provided by the staff of qualified health professionals:

- Medication assisted treatment. This stabilization and withdrawal service will be provided to persons who are experiencing mild or moderate withdrawal symptoms or post-acute withdrawal symptoms from alcohol or drugs on a daily basis by the physician, nurse practitioner or registered nurse.
- Medication therapy. This treatment is provided for the alleviation of symptoms of mental illness such as anxiety and/or depression, frequently found in persons with addictions on a daily basis by the physician, nurse practitioner or registered nurse.
- Initial and ongoing drug and alcohol screening.
- Individual counseling is provided by the counselor, social worker or psychologist on a weekly basis or as needed.
- Group counseling is provided by the counselor, social worker or psychologist on a daily basis.
- Family counseling is provided by the counselor, social worker or psychologist on a weekly basis.
- Structured activity and recreation are provided by the activities therapist on a daily basis.
- Chemical abuse and dependence awareness education is provided on a weekly basis.
- Chemical dependence relapse prevention is provided on a weekly basis.
- Healthcare services are provided as needed.
- HIV and AIDS education, risk assessment, Supportive counseling and referral are provided on a weekly basis.

Once a person has been admitted to a residential substance use treatment program they are assigned to a primary counselor and a schedule of treatments and activities based on their individual treatment and recovery plan is developed with frequencies as described above.

So, we see that the proposed program does constitute a "Hospital" in the Town of Cortlandt land use regulations, based on New York State laws and regulations, as well as industry standards. Most

importantly for purposes of the Zoning Codes, the Standard Industrial Classification (SIC) definition of "Specialty Hospital" is "Establishments primarily engaged in providing diagnostic services, treatment and other hospital services for specialized categories of patients, except mental. Psychiatric Hospitals are classified in the SIC Code as 8063." The SIC code for "Specialty Hospital" is 8069. The extended code for Specialty Hospitals includes the following:

- 80690100 – Substance Abuse Hospitals
- 80690101 – Alcoholism Rehabilitation Hospital
- 80690102 - Drug Addiction Rehabilitation Hospital

The proposed program meets the definitions above in that it is a Residential Substance Abuse Treatment Program, offering the Stabilization and Rehabilitation levels of care, which is subject to NYS OASAS licensure under Part 820 of Title 14 NYCRR. The term Residential means that the patients reside at the program and are supervised by staff on a 24/7 basis during their 28-45-day treatment stay. It is most definitely not, by any stretch of the imagination, a program where merely custodial care is provided, or where medical care is merely "incidental". Rather, it is a site where active medical treatment is provided every day to every patient.

In conclusion, the above citations and definitions from the New York State Mental Hygiene Law, the New York State Office of Alcoholism and Substance Abuse Services (OASAS) regulations, the American Society of Addiction Medicine Criteria, Third Edition clearly demonstrate that the proposed Residential Substance Abuse Treatment Program of Hudson Ridge Wellness Center is a program to treat the medical illness of alcoholism and substance abuse, using a staff of healthcare professionals and clinicians. The proposed program of medical services is not "incidental" to the residential component of the program; rather, the medical services are inherent, instrumental and indubitable as to their necessity in order to deliver the proposed program. In my opinion, and in the opinion of Cicero Consulting Associates, the proposed program of Hudson Ridge Wellness Center therefore meets the definition of a Hospital as defined by the Town of Cortlandt regulations, based on its meeting the definition of 'Hospital' and its subcategory, "Specialty Hospital" under the SIC Manual, which governs the definition of undefined terms in the Town Zoning Code.

SUB-APPENDIX C

HUDSON RIDGE WELLNESS CENTER
PRESENTATION BY PETER MILLOCK TO THE TOWN OF CORTLANDT ZBA
OCTOBER 16, 2019

Good evening. I am Peter Millock, special counsel for Hudson Ridge Wellness Center (the "Applicant"). I have been asked to respond to several statements made at the Town Zoning Board of Appeals ("ZBA") on September 18, 2019, on behalf of the opponents to the proposed Hudson Ridge Wellness Center.

1. Ms. Zambri described the corporate practice of medicine prohibition in New York and appeared to claim that only a facility certified under Article 28 of the Public Health Law may employ physicians. Ms. Zambri: "The only way I can do that [hire doctors to provide medical care] is to get an Article 28 the license from New York State Department of Health." ZBA, 9/18/19 at page 117.

Response:

Mrs. Zambri was incorrect.

The prohibition against the corporate practice of medicine in New York is based on the principle that corporations should not provide health care services or influence the delivery of such services because they are not licensed and regulated by the State for the delivery of health care services. The doctrine is based upon statutes and regulations that mandate that only licensed professionals may provide medical care, with the exception of (a) certain entities such as partnerships and professional corporations of which only licensed professionals are partners or stockholders and (b) providers that been certified to provide medical care by the State.

Hudson Ridge will fall under the second category since it is seeking certification to provide Office of Addiction Services and Supports (OASAS) covered services. OASAS regulations require licensed and registered physicians to be hired as medical directors of OASAS programs (14 NYCRR §800.3(d)). The medical director has non-delegatable overall responsibility for among other things, the medical services to be provided by the program and supervision of the medical staff in the performance of medical services. OASAS regulations specifically require that residential service programs offering stabilization and rehabilitation programs, like Hudson Ridge, have a medical director. (14 NYCRR §820.6(b)(2)). Mandated medical staff for these programs include physicians, nurse practitioners, and physician assistants (14 NYCRR §820.6(b)(2)).

Thus, to be certified as an OASAS facility, Hudson Ridge must engage physicians and other licensed medical professionals to provide medical services. Facilities across the State certified by OASAS for residential service programs do so.

2. Ms. Zambri asserted that only facilities regulated under the Public Health Law may provide medical care. Ms. Zambri: "In New York State, what we...like to do is regulate medical care through the New York State Department of Health." ZBA, 9/18/19 at page 114

Response:

If Ms. Zambri was implying that only the Department of Health regulates "medical care", she was incorrect.

The Mental Hygiene Law defines "alcoholism facility" or "addiction treatment facility" as a facility approved by OASAS to treat suffering from an addictive disorder (MHL §1.03 (17)). The Mental Hygiene Law defines "substance abuse disorder" to include "clinical" and functionally significant impairment to the individual's physical and mental health (MHL §1.03(56)). The operation of a residential program for the treatment of addiction services requires a license from OASAS (MHL §32.05(a)(1)). See also 14 NYCRR §800.3.

Medical care and treatment of addictive disorders including substance use disorders are not limited to DOH and are not the exclusive province of DOH. In fact, the primary licensing and oversight responsibilities of entities addressing those medical conditions are assigned specifically to OASAS under the Mental Hygiene Law.

As we noted in our testimony to the ZBA on 09/18/19, the PHL 2801(1) definition of "hospital" reserves facilities by or under the supervision of a physician for the treatment of mental disability (defined to include alcoholism, substance dependence or chemical dependence) to the Department of Mental Hygiene, a predecessor agency to OASAS.

And just as OASAS licenses medical facilities like Hudson Ridge, so the Department of Health licenses non-medical facilities like adult care facilities.

3. Mr. Laks asserted that patients will not get extensive medical treatment at Hudson Ridge. Mr. Laks: "If they [patients at Hudson Ridge] are in need of extensive medical treatment, they cannot be admitted to this type of 820 residential program and must be sent to a different level of care, particularly an Article 28 general hospital." ZBA, 09/18/19 at page 126

Response:

Mr. Laks's comment was irrelevant.

Here and elsewhere, the opponents argued that patients in need of extensive medical services should not be admitted to Hudson Ridge and, if the need for extensive medical services arises after they are admitted, they must be transferred to another type of facility like an Article 28 general hospital.

We disagree. Hudson Ridge will not be staffed, equipped or licensed to treat severe, acute medical problems of all kinds like a general hospital, but Hudson Ridge, as a specialty hospital, will be required to provide and will provide substantial and extensive medical services for illnesses for which it is responsible. Medical services take many forms. A major component of the services Hudson Ridge will provide are the medical services required by a person suffering from an addiction disorder. They just don't happen to be the services provided in the ER, OR, or ICU of a general hospital.

4. Mr. Laks contended that New York does not permit Hudson Ridge to function as a residential rehabilitation facility. Mr. Laks: "In New York, that type of service [freestanding alcoholism and drug abuse residential rehabilitation facilities providing acute care, withdrawal and stabilization services to treat unstable medical or psychiatric conditions and to qualify as a rehabilitation hospital under the terms of the SIC] is not permitted to be provided. Those services may only be provided by a PHL Article 28 hospital." ZBA, 9/18/19 at page 131.

Response:

Mr. Laks's statement is inaccurate.

The highest level of care for a person with alcohol use disorder (detoxification in a life threatening situation or "medically managed" detoxification) is provided in a general hospital, but the services for alcohol use or substance abuse disorders under stabilization and rehabilitation or "medically supervised" detoxification, as at Hudson Ridge, are routinely provided in facilities approved by OASAS under Part 800.

5. Ms. Zambri concluded that Hudson Ridge will not have a clinical environment common to hospitals. Ms. Zambri: "I suspect that many of these facilities, and I would suspect this one, will not look like a clinical environment. In fact, they try to make it look more like a home environment, try to make it look like some place that people want to be." ZBA, 9/18/19 at page 121.

Response:

Ms. Zambri's statement was inaccurate and irrelevant.

"Clinical environment" is not a defined term in the law and the maintenance of a "clinical environment" is not a requirement of hospitals or any other facility providing medical care in New York. Even the most sophisticated tertiary and quaternary acute care hospitals strive to make their accommodations "home like" to attract patients, to make their stays more comfortable, and to improve outcomes. Being "home like" does not mean being less medical.

Furthermore, Ms. Zambri's suspicions notwithstanding, Hudson Ridge will be located in an institutional campus like setting, similar to many health facilities in

Northern Westchester. It will operate in space that was used as an addiction treatment hospital for 30 years. It will have a nursing stations and rooms for one or two patients. Initially, it will be staffed by 42 medical treatment professionals for 42 patients, and, ultimately, 86 medical and treatment professionals for 92 patients. It will provide a broad array of medical services. This should constitute more than enough of a clinical environment.

6. Mr. Laks measures the extent of medical services to be offered by Hudson Ridge by the amount of medical waste it will generate. Mr. Laks: "Under the expanded environmental assessment submitted by the applicant, they [the Applicant] describe medical waste as being collected maybe quarterly and consisting of sharps, including needles and lancets for diabetes patients. ZBA, 9/18/19 at page 133-34.

Response:

Mr. Lak's observation is irrelevant.

Nowhere in the law is the amount of medical waste being generated an indicia of the extent of medical care being provided. Even the Public Health Law does not define "hospital" on the basis of medical waste.

We concede that Hudson Ridge will not generate as much medical waste per patient as a hospital like Mount Sinai, Montefiore or Northwell, but again we note that medical care services for addictive disorders are different from the intensive and intrusive medical care provided in an acute care hospital. That does not mean it is not substantive medical care. For example, a psychiatrist counseling a person with an alcohol use disorder or an internist prescribing medication to a person with a substance abuse disorder will not generate nearly as much medical waste as a thoracic surgeon performing an operation. That does not make the services to the person who has an alcohol use disorder or the person with a substance abuse disorder non-medical.

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My presentation tonight will demonstrate that Hudson Ridge Wellness Center will in fact provide extensive medical services that will actually be required by their OASAS license as a Chemical Dependence Residential Program. I will also demonstrate that the program will be designed as a hospital and function as a hospital. I will begin by refuting two statements made by Mr. Laks and Ms. Zambri. The first is that only the New York State Department of Health licenses programs that employ physicians. The second is that supervised stabilization and withdrawal treatment, otherwise known as detoxification, is not a medical service. First, we will look at the statement that the New York State Department of Health is the only agency that licenses facilities that employ physicians.

The proposed residential substance abuse program provides extensive medical services under the supervision of a physician for the medical illness of substance use disorder defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The DSM 5 is the principal authority and reference text for mental health and substance abuse professionals, particularly when it comes to diagnoses. The American Psychiatric Association together with the National Institute of Mental Health began work on the DSM 5 in 1999. Their work culminated in the publishing of the DSM 5 in 2013. Part 800 of Title 14 NYCRR mandates that all OASAS licensed programs must have a Medical Director who is a NYS licensed physician who has education, training, and/or experience in substance use disorder services and has overall responsibility for the program. The Hudson Ridge Wellness Center Medical Director will be onsite daily. This refutes the statements by Ms. Zambri that only the NYS Department of Health licenses programs that employ physicians. In addition, the proposed program will also employ an extensive on-site staff of medical professionals, as illustrated in the attached staffing schedule and as required by OASAS. The physicians in a residential substance use treatment facility provide in person assessment and direct medical treatment, not just, as Ms. Zambri has stated, "for screening purposes and otherwise". The nurses, social workers, psychologists and counselors also provide in person medical assessment and direct medical treatment, including individual, group and family counseling.

The treatment environment in which these extensive medical services are provided will not be, as described by the opposition, like a home. It will be designed as a hospital. It will have patient rooms for

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one or two patients per room. It will have individual, group and family therapy rooms. It will have offices for physicians and counselors and stations for nurses. It will have Medication Rooms and locked Medication storage cabinets. It will have an electronic medical record for documenting assessment, toxicology tests, laboratory tests, treatment planning and treatment services. There will be a formal Intake process based on medical necessity, an individualized medical treatment program and a formal discharge procedure. Every person seeking admission must be referred and no one can walk in to the facility without going through the Intake process.

REFERENCE Part 800.3(d)

“Medical Director”. (1) Each program must have a physician designated by the program sponsor to be the medical director. The medical director shall be a physician licensed and currently registered as such by the New York State Education Department and shall have at least one year of education, training, and/or experience in substance use disorder services. The medical director is a physician who has overall responsibility for the following (this overall responsibility may not be delegated):

- (i) medical services provided by the program;
- (ii) oversight of the development and revision of policies, procedures and ongoing training for matters including, but not limited to, routine medical care, specialized services, specialized medications, and medical and psychiatric emergency care, screening for, and reporting of, communicable diseases and infection in accordance with law, public health education including prevention and harm reduction;
- (iii) collaborative supervision with the program director of non-medical staff in the provision of substance use disorder services;
- (iv) supervision of medical staff in the performance of medical services;
- (v) assisting in the development of necessary referral and linkage relationships with other institutions and agencies including, but not limited to, general or specialty hospitals and nursing homes, health-related facilities, home health agencies, hospital outpatient departments, diagnostic and treatment facilities, laboratories and related resources;
- (vi) ensuring program compliance with all federal, state and local laws and regulations.

Next, we will look at where stabilization and withdrawal services can be provided in New York State. Mr. Laks has stated that medically supervised stabilization and withdrawal services, or detoxification

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services, **can** be provided in OASAS licensed residential programs but he states, “That doesn’t mean the provision of complex and high-level care”. He argues that a person experiencing life endangering withdrawal symptoms would need to be transferred or treated at a facility offering medically managed stabilization and withdrawal treatment, thereby implying that the facility offering medically supervised stabilization and withdrawal treatment is not providing medical services. A facility treating a patient with heart disease, which must transfer him/her to a facility where a heart transplant can be done is not viewed as not providing medical services. Medically Supervised Stabilization and Withdrawal services are required by OASAS and will be provided at the proposed residential facility. This will include Medication Assisted Treatment, which will be provided by physicians and nurses to patients who are experiencing mild or moderate withdrawal symptoms or Post-Acute Withdrawal Syndrome (PAWS).

Mr. Laks also states that the proposed facility “does not primarily provide medical care and extensive medical treatment”. Let’s look at why that is not correct.

WHAT ARE THE LEVELS OF CARE IN A RESIDENTIAL SUBSTANCE USE TREATMENT PROGRAM?

Part 820 of Title 14 NYCRR mandates that a residential substance abuse facility provides one or more of the three following levels of medical care:

- Stabilization level
- Rehabilitation level
- Reintegration level

The proposed Hudson Ridge Wellness Center will provide the following levels of medical care:

- Stabilization level
- Rehabilitation level

This facility design uses only the most medically intensive levels of care authorized under Part 820. The progress of each individual resident through the stabilization and rehabilitation levels of the Hudson Ridge Wellness Center residential facility will be based on his or her progress towards the attainment of the goals and objectives in their recovery plans. Hudson Ridge Wellness Center will have flexible lengths of stay within the two (2) levels of care.

WHAT ARE THE SERVICES THAT ARE INCLUDED IN THOSE TWO (2) LEVELS OF CARE?

STABILIZATION LEVEL

The term stabilization comes from the name stabilization and withdrawal service, otherwise known as detoxification. The Stabilization Level of Care will include Medication Assisted Treatment, which will be provided to patients who are experiencing mild or moderate withdrawal symptoms or Post-Acute Withdrawal Syndrome (PAWS).

WHAT IS MEDICATION ASSISTED TREATMENT?

Hudson Ridge Wellness Center will offer Medication Assisted Treatment (MAT) to help these patients address their withdrawal symptoms and the potential cravings associated with them. MAT includes:

- Assessment of withdrawal symptoms, which will include ongoing standardized withdrawal evaluation including the use of Clinical Institute Withdrawal Assessment (CIWA) and/or Clinical Opiate Withdrawal Scale (COWS).
- Patients will receive symptom relief and/or addiction medications such as Suboxone, Vivitrol, Buprenorphine and Naltrexone for opiate withdrawal and Librium, Ativan and Valium for alcohol withdrawal. This type of withdrawal management will be a closely managed withdrawal management service which will assist patients through withdrawal using a substance specific taper or induction plan. The plan will include decision points for ending the taper or extending for mild or protracted withdrawal or maintenance therapy. The medical staff in the facility will be assessing and treating residents for the medical effects of possible withdrawal symptoms on their recovery and will be assisting

the residents in managing the emotional aspects of withdrawal through psychosocial interventions including family therapy, if clinically appropriate.

- Regular vital signs monitoring will be provided by medical staff, including a physician.
- Medical staff will follow the Hudson Ridge Wellness Center Stabilization and Withdrawal Protocol, which must be approved by the Medical Director of OASAS.

ASSESSMENT, RECOVERY PLANNING AND SERVICES

Hudson Ridge Wellness Center will conduct a comprehensive medical assessment to obtain the necessary information to develop an individual treatment/recovery plan and to ensure that each patient who is admitted will meet the medical necessity criteria and admission criteria set by OASAS. These medical necessity criteria must be met in order for the patient to receive the required medical treatments necessitated by their medical illness of addiction. The assessment will be coordinated by a qualified health professional in partnership with the resident to address all resident needs for services and supports. The assessment will be based on clinical interviews with the resident and may also include interviews with significant others. This assessment will include a crisis service assessment, an assessment of client risks, and an evaluation of each resident's need for supportive resources. The assessment process will include the use of measurement-based assessment tools such as the Clinical Institute Withdrawal Assessment (CIWA), Clinical Opiate Withdrawal Scale (COWS) and the Modified Mini Screen (MMS). These tools can be used at various points in each patient's treatment to determine progress.

The information obtained from this assessment will result in the formulation of a recovery plan that will match the appropriate needed elements of medical care to the specific medical needs of each resident. These stabilization elements of medical care will include:

- Daily on site medical and clinical staff who are also accessible for emergencies 24/7.
- Medication Assisted Treatment as described on the previous page.
- Psychotropic Medication Therapy for the alleviation of symptoms of mental illness is used in conjunction with the other services provided by Hudson Ridge Wellness Center. The psychiatrist prescribes all medication for residents being treated by Hudson Ridge Wellness

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Center. Medication Education is provided in conjunction with Medication Therapy in order to inform residents of the benefits, risks, and possible side effects of medications being prescribed.

- Regular Toxicology Screening for the presence of addictive substances.
- Trauma informed care. Hudson Ridge Wellness Center recognizes that trauma has a profound effect on the lives of people seeking treatment for addiction and realizes that people who have been exposed to trauma are at greater risk for developing addiction and mental health problems. It is committed to be trauma-sensitive and to provide trauma-responsive services. Hudson Ridge Wellness Center will hire clinicians with experience providing trauma-responsive services.

At Hudson Ridge Wellness Center, trauma-informed clinical care practices emphasize safety and support of each client. This begins with using systematic tools for screening. Our clinicians will be trained to consistently practice asking permission to engage and empowering patients through new skills and coping strategies. Hudson Ridge Wellness Center will assume that many residents will have experienced trauma and will use the Stressful Life Experience (SLE) screening tool, the PCL-5 for PTSD and the Intimate Partner Violence Screening Tool to inform the questions to be asked during the Comprehensive Assessment.

Hudson Ridge Wellness Center will assess the effect of possible trauma on each of the residents from the beginning of their treatment experience, acknowledging that trauma may be a factor in the person's substance use disorder and therefore his/her recovery from it. Questions about trauma are a major section in the medical assessment done at intake and in the continuing medical assessment during a person's treatment.

- Individual, group and family counseling provided by licensed health professionals.
- Ongoing use of clinical tools to assess withdrawal, emotional distress, cognitive functioning and cravings.
- Ongoing assessment of housing and recovery needs.
- Incorporation of recovery principles to promote a supportive residential environment.

REHABILITATION LEVEL

A patient entering the rehabilitation level of residential treatment may still require some stabilization and withdrawal services, including Medication Assisted Treatment. The Medication Assisted Treatment will be provided in order to continue to assist the patient with mild to moderate withdrawal symptoms, cravings, as well as post-acute withdrawal syndrome. Hudson Ridge Wellness Center conducts a comprehensive assessment as described previously in the description of the stabilization level of the treatment. The patient proceeds to the rehabilitation level of treatment when his/her mild to moderate withdrawal symptoms and cravings are well-managed in order to permit them to participate fully in the individual, group, family counseling services and other treatment services.

These rehabilitation services will include:

- Daily on-site clinical staff.
- Medication Assisted Treatment as described on page 4.
- Psychotropic Medication Therapy as described on page 5.
- Regular Toxicology Screening.
- Trauma informed care as described on page 6.
- Individual, group and family counseling provided by a licensed health professional.
- Ongoing use of clinical tools to assess social functioning, community engagement, empathy, behavioral control and anger management.
- Ongoing assessment of housing and recovery needs.
- Participation in pre-vocational activities.
- Incorporation of recovery principles to promote a supportive residential environment.
- Identification and mobilization of each resident's strengths, resources and resilience in order to maximize coping mechanisms.

HOW ARE RESIDENTIAL SUBSTANCE USE TREATMENT SERVICES BILLED?

Residential Substance Use Treatment Programs are medical services with Current Procedural Terminology (CPT) codes for coding medical services for payment by a patient's health insurance. Residential Substance Use Treatment is billed using the UB-04 Revenue Code of 1002.

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We are submitting the following table, which lists the description of the services provided at the Residential Program and also lists the clinical staff that provide them. We are also submitting a typical complete daily schedule for an individual receiving treatment at the proposed Hudson Ridge Residential Substance Use Treatment Program. The program schedule that was shown by the opposition was not a complete schedule. We are also submitting a staffing schedule illustrating the extensive professional medical staff.

Service	Definition	Staff Responsible
Medical Assessment and Treatment	Clients will receive periodic medical assessments as well as ongoing treatment for medical ailments and chronic diseases and through referral.	MD, RN, LPN
Medication Assisted Treatment	This will be provided to patients who are experiencing mild or moderate withdrawal symptoms or Post-Acute Withdrawal Syndrome (PAWS). This service will be governed by the Hudson Ridge Wellness Center OASAS approved Stabilization and Withdrawal protocol. Patients will receive symptom relief and/or addiction medications such as Suboxone, Vivitrol, Buprenorphine and Naltrexone for opiate withdrawal and Librium, Ativan and Valium for alcohol withdrawal. These medications will be prescribed by an M.D. An RN will supervise medication dispensing and the LPN will dispense the medication.	MD, RN, LPN
Medication Therapy	Medication Therapy for the alleviation of symptoms of mental illness is used in conjunction with the other services provided by Hudson Ridge Wellness Center. The psychiatrist prescribes all medication for residents being treated by Hudson Ridge Wellness Center. Medication Education is provided in conjunction with Medication Therapy in order to inform residents of the benefits, risks, and possible side effects of medications being prescribed.	MD, RN, LPN
Toxicology Testing	Random toxicology will be administered to assess client progress in treatment, adherence to abstinence, and use of medication assisted treatment.	LPN, CASAC
Individual Counseling	Clinical staff will provide this service on a weekly basis. These goal-oriented, face-to-face interventions between	MD, RN, LCSW,

TOWN OF CORTLANDT

ZONING BOARD OF APPEAL MEETING – OCTOBER 16, 2019

HUDSON RIDGE WELLNESS CENTER

BRIAN BALDWIN – CICERO CONSULTING ASSOCIATES PRESENTATION

	staff and residents will build on the strengths of the resident as they develop coping skills and progress towards the objectives agreed upon in his/her treatment/recovery plan.	CASAC
Group Counseling	Clinical staff will provide this service on a weekly basis. These goal-oriented, face-to-face interventions between staff and groups of residents will build on the strengths of the resident as they develop coping skills and progress towards the objectives agreed upon in his/her treatment/recovery plan.	MD, RN, LCSW, CASAC
Family Counseling, Including Services to Significant Others	Professional staff will provide this service in a family setting to educate the family on the expected course of recovery, to teach skills to support the recovery of their loved one, to treat the resident's substance use problem, to address family issues that have a direct impact on the symptoms experienced by the resident, and to promote successful problem solving, communication, and understanding between a resident and family members as it relates to the resident's symptoms, treatment, and recovery.	MD, RN, LCSW, CASAC
Recovery Planning	Counselors will provide Assessment and Recovery Planning services in partnership with each resident on an ongoing basis. Hudson Ridge Wellness Center will use the SNAP approach, incorporating each person's Strengths, Needs, Abilities and Preferences. Motivational Interviewing will be incorporated as a treatment technique in assessing residents with co-occurring disorders. A complete and thorough assessment of both the mental illness as well as the substance abuse disorder will be accomplished. The outcome of this service will be much more than arriving at a DSM 5 diagnosis. The outcome will be the development of a comprehensive, individualized, culturally sensitive, goal-oriented treatment/recovery plan. It will identify the both the mental illness and the substance abuse disorder, the symptoms of each, and the effects on the person's ability to function in major life roles. The plan will identify resident strengths that can be built upon to improve important skills necessary for success. Risk factors regarding harm to self or others will be identified and	LCSW, CASAC

TOWN OF CORTLANDT

ZONING BOARD OF APPEAL MEETING – OCTOBER 16, 2019

HUDSON RIDGE WELLNESS CENTER

BRIAN BALDWIN – CICERO CONSULTING ASSOCIATES PRESENTATION

	will be assessed on an ongoing basis. Goals and objectives will be mutually agreed upon regarding improvements to be made in attaining skill levels in the living, learning, working, and socializing environments. The ongoing assessment process and the regular review of the treatment/recovery plan will enable the staff and the resident to monitor his/her response to treatment and design modifications when necessary.	
Peer Support in a Group Setting	Using the milieu and use of peers, clients will provide and receive support from their peers.	LCSW, CASAC
Multi-Family Group Counseling and Psychoeducation	Multi family groups will be conducted as necessary.	MD, RN, LCSW, CASAC
Evidence-Based Groups	Clients will attend Evidence Based Best Practice groups to address recovery plan goals. These groups may include wellness self-management, seeking safety and relapse prevention.	LCSW, CASAC
Didactic Seminars	Informational seminars will be conducted on topics such as community integration, family recovery, parenting, addiction and recovery, management of chronic diseases, meditation, and recovery supports in the community.	LCSW, CASAC
Benefit Assessment	Benefits will be reassessed, housing applications completed benefit issues resolved.	CASAC
Employment Assessment and Employment Plan	Unemployment needs will be reassessed, job searches conducted, connection to employment agencies, job retention skills reviewed.	LCSW, CASAC
Personal, social, and community skills training and development	Residents will receive training in community living skills, personal hygiene and personal care skills as needed by each individual. Such skill development will include, but is not limited to, social interaction and leisure activity.	LCSW, CASAC, RN, LPN

ONE FINAL NOTE

In the presentation by the opposition on September 18, much was made of the name of the proposed facility, the Hudson Ridge Wellness Center. The use of the word Wellness Center by a medical provider, such as a hospital, demonstrates a progressive, modern view of treatment and provides the first step in establishing a welcoming treatment environment that does not judge or reinforce stigma

TOWN OF CORTLANDT

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but makes a statement that overcomes the stigma associated with certain illnesses, including addiction.

I would just like to cite a number of other medical treatment facilities operated by Article 28 hospitals in New York and using the name Wellness in their titles.

- Cancer Treatment and Wellness Center of Northern Westchester Hospital
- Military Families Wellness Center of New York Presbyterian/Columbia Medical Center and New York Presbyterian/Weill Cornell Medical Center
- St. Catherine and St. Charles Health and Wellness Center of Catholic Health Services

Service	Definition	Staff Responsible
Medical Assessment and Treatment	Clients will receive periodic medical assessments as well as ongoing treatment for medical ailments and chronic diseases and through referral.	MD, RN, LPN
Medication Assisted Treatment	This will be provided to patients who are experiencing mild or moderate withdrawal symptoms or Post-Acute Withdrawal Syndrome (PAWS). This service will be governed by the Hudson Ridge Wellness Center OASAS approved Stabilization and Withdrawal protocol. Patients will receive symptom relief and/or addiction medications such as Suboxone, Vivitrol, Buprenorphine and Naltrexone for opiate withdrawal and Librium, Ativan and Valium for alcohol withdrawal. These medications will be prescribed by an M.D. An RN will supervise medication dispensing and the LPN will dispense the medication.	MD, RN, LPN
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Individual Counseling	Clinical staff will provide this service on a weekly basis. These goal-oriented, face-to-face interventions between staff and residents will build on the strengths of the resident as they develop coping skills and progress towards the objectives agreed upon in his/her treatment/recovery plan.	MD, RN, LCSW, CASAC
Group Counseling	Clinical staff will provide this service on a weekly basis. These goal-oriented, face-to-face interventions between staff and groups of residents will build on the strengths of the resident as they develop coping skills and progress towards the objectives agreed upon in his/her treatment/recovery plan.	MD, RN, LCSW, CASAC
Family Counseling, Including Services to Significant Others	Professional staff will provide this service in a family setting to educate the family on the expected course of recovery, to teach skills to support the recovery of their loved one, to treat the resident's substance use problem, to address family issues that have a direct impact on the symptoms experienced by the resident, and to promote successful problem solving, communication, and understanding between a resident and family members as it relates to the resident's symptoms, treatment, and recovery.	MD, RN, LCSW, CASAC

SUB-APPENDIX D

HUDSON RIDGE WELLNESS CENTER

DESCRIPTION OF SERVICES

Recovery Planning	Counselors will provide Assessment and Recovery Planning services in partnership with each resident on an ongoing basis. Hudson Ridge Wellness Center will use the SNAP approach, incorporating each person's Strengths, Needs, Abilities and Preferences. Motivational Interviewing will be incorporated as a treatment technique in assessing residents with co-occurring disorders. A complete and thorough assessment of both the mental illness as well as the substance abuse disorder will be accomplished. The outcome of this service will be much more than arriving at a DSM 5 diagnosis. The outcome will be the development of a comprehensive, individualized, culturally sensitive, goal-oriented treatment/recovery plan. It will identify the both the mental illness and the substance abuse disorder, the symptoms of each, and the effects on the person's ability to function in major life roles. The plan will identify resident strengths that can be built upon to improve important skills necessary for success. Risk factors regarding harm to self or others will be identified and will be assessed on an ongoing basis. Goals and objectives will be mutually agreed upon regarding improvements to be made in attaining skill levels in the living, learning, working, and socializing environments. The ongoing assessment process and the regular review of the treatment/recovery plan will enable the staff and the resident to monitor his/her response to treatment and design modifications when necessary.	LCSW, CASAC
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HUDSON RIDGE WELLNESS CTR. –
SUBSTANCE USE RESIDENTIAL TREATMENT
STAFFING SCHEDULE

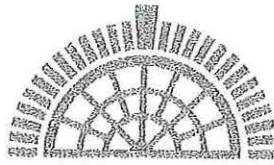
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HUDSON RIDGE WELLNESS CENTER - SAMPLE PATIENT SCHEDULE

HUDSON RIDGE WELLNESS CENTER – SAMPLE PATIENT SCHEDULE

TIME	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8am-9am - Breakfast							
9am-10am	Medication Assisted Treatment/ Medication Therapy-Vital signs	Medication Assisted Treatment/ Medication Therapy-Vital signs	Medication Assisted Treatment/ Medication Therapy-Vital signs	Medication Assisted Treatment/ Medication Therapy-Vital signs	Medication Assisted Treatment/ Medication Therapy - Toxicology Testing-Vital signs	Medication Assisted Treatment/ Medication Therapy-Vital signs	Medication Assisted Treatment/ Medication Therapy-Vital signs
10am-11am	Group Counseling	Group Counseling	Group Counseling	Group Counseling	Group Counseling	Activity Therapy/Family Visiting	Activity Therapy/Family Visiting
11am-12pm	Addiction Awareness Group	Addiction Awareness Group	Addiction Awareness Group	Addiction Awareness Group	Addiction Awareness Group		
12pm-1pm - Lunch							
1pm-2pm	Activity Therapy Group Counseling - Trauma Focused Treatment	Activity Therapy Group Counseling - Trauma Focused Treatment	Activity Therapy Individual Counseling - Cognitive Behavioral Therapy	Activity Therapy Group Counseling - Trauma Focused Treatment	Activity Therapy Individual Counseling- Recovery Planning	Family Counseling - Family Psychoeducation	Family Counseling
2pm-3pm							
3pm-4pm	Psychiatric Assessment	Group Counseling - Relapse Prevention	Group Counseling - Relapse Prevention	Group Counseling - Relapse Prevention	Group Counseling - Relapse Prevention	Activity Therapy/Family Visiting	Activity Therapy/Family Visiting
4pm-5pm	Group Counseling	Group Counseling	Group Counseling	Group Counseling	Group Counseling		
5pm-6pm - Dinner							
6pm-7pm	Activity Therapy-Family Visiting	Activity Therapy	Activity Therapy-Family Counseling-Family Psychoeducation	Activity Therapy	Activity Therapy	Recreational Activities	Recreational Activities
7pm-8pm	NA/AA Mtgs.	NA/AA Mtgs.	NA/AA Mtgs.-	NA/AA Mtgs.	NA/AA Mtgs.	NA/AA Mtgs.	NA/AA Mtgs.

SUB-APPENDIX E



SINGLETON, DAVIS & SINGLETON PLLC

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November 4, 2019

Via E-mail and Federal Express

Hon. David Douglas, Chairman
and Members of the Zoning Board
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe

*Re: Hudson Ridge Wellness Center, Inc. and Hudson Education and Wellness
Center
Appeal from Code Enforcement Officer's Determinations on Hospital Use*

Dear Chairman Douglas and Members of the Board:

Enclosed are 10 copies each of the following:

1. Letter of Dr. Ernst Jean to Hon. David Douglas, Chairman and Members of the Zoning Board, dated October 28, 2019, summarizing his October 16 presentation to the Board regarding medical treatment and hospital use, based on his experience as Medical Director of Part 820 Facility.
2. Letter of Frank M. Cicero, Cicero Consulting Associates to Hon. David Douglas, Chairman and Members of the Zoning Board, dated October 28, 2019, further addressing certain issues relating to medical treatment and hospital use.
3. Letter of Robert F. Davis to Hon. David Douglas, Chairman, and Members of the Zoning Board regarding the record of proceedings, with Applicants' Hearing Record/List of Zoning Board Submissions, dated November 4, 2019.
4. Letter of Robert F. Davis to Hon. David Douglas, Chairman, and Members of the Zoning Board, with proposed Findings of Fact, dated November 4, 2019.

Hon. David Douglas, Chairman
and Members of the Zoning Board
November 4, 2019
Page 2

5. Stenographic Transcripts of September 18 and October 16 2019 Zoning Board public hearing sessions. (One copy of each.)

Very truly yours,



Robert F. Davis

RFD:dds
Enclosures

c: Thomas F. Wood, Esq., Town Attorney
Josh Subin, Esq., Assistant Town Attorney



October 28, 2019

Hon. David Douglas, Chairman
and Members of the Zoning Board
Town of Cortlandt
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe

Re: Hudson Ridge Wellness Center, Inc.

Dear Mr. Douglas and Members of the Board:

This letter is being submitted to you, on behalf of and at the request of Hudson Ridge Wellness Center, in order to summarize the information that I provided at your October 16, 2019 hearing, relative to New York State Alcoholism and Substance Abuse Services (NYSOASAS) licensed Chemical Dependence facilities and the extensive medical services being provided at those facilities.

To reiterate my background, my name is Ernst Jean, M.D. I am a physician licensed by New York State since 1986, with well over 20 years of experience in the chemical dependence services field. For the past 4 years, I have served as Vocational Instruction Project (VIP) Community Services' Medical Director of its NYSOASAS licensed Part 820 Chemical Dependence Residential Treatment facility in the Bronx. That program is the exact type of program proposed by Hudson Ridge Wellness Center.

As Medical Director, I have overall responsibility for the VIP facility. This facility only admits patients with a diagnosis of the medical illness of Alcohol and/or Substance Use Disorder, as designated in the Diagnostic and Statistical Manual of Mental Disorders – 5th Edition (DSM 5), who lack a safe and supportive option in the community to achieve changes in their substance use disorder. These patients require medical treatment in a 24/7 structured setting to help them recover. This is active medical treatment and is definitely not custodial care. Patients cannot be admitted if they are not seriously ill, i.e., there must be a medical necessity for them to be admitted.

VIP Community Services
1910 Arthur Avenue
Bronx, NY 10457 Ph: 718-583-5150 ext. 8305 Fax: 718-731-2453

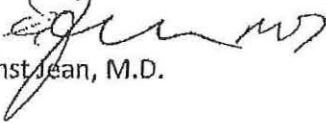
I oversee a staff of medical professionals, including other Physicians, Registered Nurses, Licensed Practical Nurses, Social Workers and Counselors. The medical services we provide to patients on a daily basis include:

- General Medical Treatment
- Medication Assisted Treatment
- Regular Toxicology Screening for the presence of addictive substances
- Trauma Informed care
- Psychotropic Medication Therapy for the alleviation of symptoms of mental illness
- Individual, group and family counseling by licensed professionals
- Ongoing use of clinical tools to assess withdrawal, emotional distress, cognitive functioning and cravings
- Ongoing assessment of housing and recovery needs
- Incorporation of recovery principles to promote a supportive residential environment

As I discussed, the patients we serve have significant medical co-morbidities that we must manage and treat, such as diabetes, cardiovascular disease and many other physical ailments attendant to what has usually been a long period of substance or alcohol use. In addition to the specialty medical services we provide regarding their addiction, we are treating the medical issues exhibited by these patients throughout their stay with us. In short, we operate in a specialty hospital environment in which our patients are treated with the goal of recovery and return to the community as soon as possible, subsequent to recovery, no different than other hospitals.

I hope that this information will be helpful to you in reaching a decision. Thank you.

Sincerely,



Ernst Jean, M.D.

cc: Mr. Steven Laker, Hudson Ridge Wellness Center
Robert Davis, Esq., Davis, Singleton, Davis
Peter Millock, Esq., Nixon Peabody
Mr. Frank Cicero, Cicero Consulting Associates
Mr. Brian Baldwin, Cicero Consulting Associates

VIP Community Services

1910 Arthur Avenue

Bronx, NY 10457 Ph: 718-583-5150 ext. 8305 Fax: 718-731-2453

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Mary Ann Anglin

Emeritus Consultants
Nicholas J. Mongiardo
Joan Greenberg
Martha H. Poffit
Frank T. Cicero, M.D.

October 28, 2019

Hon. David Douglas, Chairman
and Members of the Zoning Board
Town of Cortlandt
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe

Michael P. Parker, Sr.
(1941-2011)
Anthony J. Maddaloni
(1952-2014)

Re: Hudson Ridge Wellness Center, Inc.

Dear Chairman Douglas and Members of the Zoning Board:

This letter is being submitted to you, on behalf of my client, Hudson Ridge Wellness Center, Inc. (Hudson Ridge), in order to provide factual information that supports the contention that Hudson Ridge's proposed Chemical Dependence Residential facility meets the criteria of a "Specialty Hospital" as defined in the Standard Industrial Classification (SIC) definition of "Specialty Hospital", and specifically that the facility will provide extensive medical care and function as a hospital with respect to its specialties in alcoholism and substance use treatment. To begin, the definition of "Specialty Hospital" in the SIC is:

Establishments primarily engaged in providing diagnostic services, treatment, and other hospital services for specialized categories of patients, except mental. Psychiatric hospitals are classified in Industry 8063.

- *Alcoholism rehabilitation hospitals*
- *Cancer hospitals*
- *Children's hospitals*
- *Chronic disease hospitals*
- *Drug addiction rehabilitation hospitals*
- *Eye, ear, nose, and throat hospitals: in-patient*
- *Hospitals, specialty: except psychiatric*
- *Maternity hospitals*
- *Orthopedic hospitals*
- *Rehabilitation hospitals: drug addiction and alcoholism*
- *Tuberculosis and other respiratory illness hospitals*

The central issue in your recent hearings regarding Hudson Ridge's proposed facility has been the level of medical care that will be provided. The opposition has argued that the medical care in the proposed Chemical Dependence Residential facility is not "substantial", is not more than "incidental" and is not "significantly medical". Based on the evidence, we strongly differ with that opinion.

The opposition's latest reasons for their opinion, articulated by Ms. Zambri at your Board's October 16, 2019 hearing, include:

1. Medication can be prescribed outside of "this type of facility or at a pharmacy".
2. Indigent patients on Medicaid can obtain reimbursement for a taxi ride to a medical appointment through their Medicaid coverage.
3. Patients in a Chemical Dependence Residential Program must be capable of self-preservation.

All of these statements are true but none of them establishes that the proposed Chemical Dependence Residential facility is not a "Specialty Hospital", as defined above, or that it does not provide extensive medical care. In fact, as part of a continuing pattern of obfuscation, they have nothing to do with the matter at hand.

In addition, Mr. Rogers – while admittedly deciding not to carefully review materials we provided describing the medical care that will be provided every day at Hudson Ridge's facility – has correctly stated that a "group home" does not provide medical care and that "if you are a group home, then there is no medical care provided". Similarly, Ms. Zambri has equated the proposed facility with an assisted living facility. Both comparisons are grossly incorrect, based on the evidence.

Hudson Ridge's proposed Chemical Dependence Residential Program will not be a "group home", as supposed by Mr. Rogers, nor will it be an "assisted living facility", as supposed by Ms. Zambri. Critically, the New York State Office of Mental Health (NYSOMH) regulations at 14 NYCRR Parts 594 and 595 and the New York State Office for People with Developmental Disabilities (NYSOPWDD) regulations at Part 686 governing "community residences" or "group homes" do not require a Medical Director. Further, the New York State Department of Health (NYSDOH) regulations at 10 NYCRR Part 1001 governing assisted living residences and the New York State Department of Social Services (NYSDSS) regulations at 18 NYCRR Part 494 governing assisted living programs (which, with assisted living residences, constitute the entire realm of assisted living facilities) do not require a Medical Director.

But the New York State Office of Alcoholism and Substance Abuse Services (NYSOASAS) regulations at 14 NYCRR Parts 800 and 820, which will govern Hudson Ridge's facility, do require a Medical Director, one who is a New York State licensed physician with education, training and/or experience in substance use disorder services. That Medical Director will have overall responsibility for the program. There is a reason for the difference: A Medical Director is required in order to oversee and ensure the quality of the extensive medical services that will be provided. Where medical services are extensive – as in general hospitals, rehabilitation hospitals, nursing homes, medical clinics and specialty hospitals such as that proposed by Hudson Ridge – regulations require a medical director. Where medical services are either not provided, or where care is custodial, or where medical services are incidental, regulations do not require a medical director. Plain and simple language: when medical services are a big deal, you need a supervisor to make sure they are properly delivered.

Hon. David Douglas, Chairman
and Members of the Zoning Board
October 28, 2019
Page 3

We have previously submitted, in order to support our argument, a description of the medical services to be provided in the proposed program, as well as a typical daily schedule of medical services and a complete weekly staffing schedule for all medical staff. Those documents are evidence of the extensive nature of the medical services to be provided.

We have also provided testimony supporting our position from a Medical Director of a NYSOASAS Part 820 program (Dr. Jean) and another individual (Mr. Baldwin) who has regulated and worked in the NYSOASAS environment.

In stark contrast to our evidence-based documents and expert testimony, as pointed out by Mr. Davis, the opposition has not offered any support from experts for their arguments, relying instead on summary suppositions by people who are not clinicians or substance use services experts.

On a separate matter, we point out that the idea that patients in a hospital must be incapable of self-preservation is in the Fire Prevention and Building Code only, for the obvious purpose of fire safety requirements. It is certainly not a criterion for admission to an Article 28 hospital, and many inpatients in Article 28 hospitals are indeed capable of self-preservation. The requirement that patients in a Chemical Dependence Residential program must be capable of self-preservation does not negate the fact that the facility provides far more than incidental medical treatment, or the fact that the proposed facility meets the SIC code definition of a Specialty Hospital. Further, the capability of self-preservation negates Mr. Rogers' claim that this is custodial care.

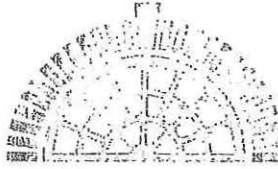
In closing, we state, once again, that the material in this letter, together with the information previously submitted, clearly demonstrates that the proposed Residential Substance Abuse Treatment Program of Hudson Ridge Wellness Center is a program to treat the medical illness of alcoholism and substance use, using a staff of healthcare professionals and clinicians in a hospital setting and context. The proposed program of medical services is not "incidental" to the residential component of the treatment program; rather, the medical services are inherent, instrumental and indubitable as to their necessity in order to deliver the proposed treatment program, and they will be delivered by people, including doctors and nurses, who have inhabited hospitals since the term "hospital" was first coined. In my opinion, and in the opinion of my firm, the proposed program of Hudson Ridge Wellness Center therefore meets the definition of a Specialty Hospital as defined by the Town of Cortlandt regulations.

Thank you for your consideration of this information.

Sincerely,

Frank M. Cicero

cc: Mr. Steven Laker, Hudson Ridge Wellness Center
Robert Davis, Esq., Davis, Singleton, Davis
Peter Millock, Esq., Nixon Peabody
Mr. Brian Baldwin, Cicero Consulting Associates



SINGLETON, DAVIS & SINGLETON PLLC

ATTORNEYS AT LAW

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November 4, 2019

Via E-mail and Federal Express

Hon. David Douglas, Chairman
and Members of the Zoning Board
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe

***Re: Hudson Ridge Wellness Center, Inc. and Hudson Education and Wellness
Center
Appeal from Code Enforcement Officer's Determinations on Hospital Use -
Applicants' Hearing Record/List of Submissions to Zoning Board to Date***

Dear Chairman Douglas and Members of the Board:

Enclosed is "Applicants' Hearing Record/List of Submissions to Zoning Board to Date". These submissions have fully addressed and refuted all pertinent issues raised by Director of Code Enforcement Rogers and by the neighborhood opponents and their counsel. Therefore, their contents need not be reiterated herein or otherwise during the post-hearing comment period.

However, we note for the record that at no time, whether in writing or in his testimony before the Board, did Code Enforcement Rogers ever respond to *any* of the rebuttal arguments or many deficiencies in his March 21 and May 16 Determinations, set forth at great length in our letter submissions dated April 23, 2019 and June 14, 2019, respectively, and Exhibits 1-19, annexed thereto, or any of our other submissions set forth below, to which the Board is respectfully referred.

In essence, with respect to the Applicants' expert submissions addressing his Determinations, Mr. Rogers testified on October 16 that he "did not, you know, necessarily go through and read [them] in detail and make any other determinations from those. I kept the determination I had made originally". Mr. Rogers' testimony also indicated that he has had no experience whatsoever with alcohol and drug rehabilitation facilities and that he has never before been called upon to render a zoning interpretation as to whether a use constituted a "hospital" under the Zoning Code or any other law. He testified that he has had some prior contentious relations with the Applicants' representatives regarding certain building permits.

Hon. David Douglas, Chairman
and Members of the Zoning Board
November 4, 2019
Page 2

It also bears noting that the record enumerated herein demonstrates that a consistently stated theme of opponents' counsel, to the effect that the Applicants' proposed use keeps undergoing "changes" or has been "evolving," is completely false. The record before the Planning and Zoning Boards, as largely contained in the four-volume set comprising the Applicants' "Consolidated Environmental Assessment Report", Item No. 1 in the attached list, reflects that the proposed use essentially has not changed at all since it was first set forth in great detail to the Town in the Applicants' initial application to the Planning Board and accompanying original Expanded Environmental Assessment Report in July 2015. The opponents' unsubstantiated claim to the contrary is nothing but a transparent attempt to justify their belated claim that the proposed use is not permitted, after 4 years of review to the contrary by the boards and the courts.

The record set forth herewith, particularly Item No. 1, the Applicants' March 28, 2019 Consolidated Expanded Environmental Assessment Report, also demonstrates the herculean lengths to which the Applicants have gone before the Planning Board to address the environmental issues raised by the opposing neighbors and their counsel, including such issues as traffic, the impact of water usage on off-site wells and medical waste. For example, the Applicants have volunteered 54 stipulated mitigative conditions in their application as conditions of their proposed Condition Negative Declaration by the Planning Board under SEQRA and any approval resolution. The Applicants have also provided their comprehensive document entitled "Support for SEQRA Negative or Conditioned Negative Declaration" which demonstrates, pursuant to the SEQRA criteria for significance, that the Applicants' proposed use will have no significant adverse environmental impacts. (See Item No. 1, Volume 1 and Appendices 31 and 37.)

The Applicants have further demonstrated in their Environmental Assessment Report that other uses permitted as of right – such as educational and religious uses, or a 20 + lot residential subdivision of the 48 acres controlled by the Applicants - would likely result in far greater environmental impacts on the property and the neighborhood than the proposed hospital use, while generating far less annual tax revenues than the \$500,000.00 + to be generated by the proposed use. Regardless, this 48-acre parcel will not continue to lie dormant, but *will be* devoted to one of its permitted uses.

However, now that the Applicants have demonstrated the lack of any significant environmental impacts in response to the purported concerns of the neighbors and their counsel before the Planning Board, the opponents have reversed course before the Zoning Board, and in an attempt to ensnare the Applicants in a "catch 22", now claim that the proposed use is not intense enough to constitute their concept of a "hospital", which would essentially constitute a general hospital, not a specialty hospital as proposed by the Applicants. According to the opponents, in order to constitute a "hospital", the Applicants should be using much more water –

Hon. David Douglas, Chairman
and Members of the Zoning Board
November 4, 2019
Page 3

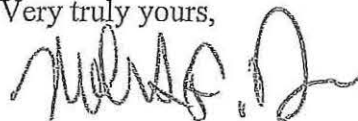
with its potential for off-site well impacts which the Town's hydrogeologist found would not occur with the proposed use – and should create much more medical waste. Apparently, they would also wish to see a greater amount of hospital activities that would generate far more water usage and medical waste, such as outpatient treatment, emergency room services with the attendant ambulances at all hours of the day and night, and a laboratory, along with irrigation of the grounds - none of which are proposed by the Applicants. The additional aspects of the use the opponents claim would be necessary to constitute a hospital would obviously also generate far more traffic than the Applicants' proposed use, where the patients will not have cars and the employees will largely be transported by van, and for which the Town's traffic consultant has found there will be no significant adverse traffic impacts. Of course, where as now there would be no new building construction and relatively little site work, the opponents' vision of a "hospital" would necessitate much greater development of the site.

Thus, it is clear that after a 4-year successful effort to eliminate all significant adverse impacts on the neighborhood, no good deed goes unpunished. According to the opponents, the Applicants have engaged in so much mitigation that their use now does not constitute a "hospital". Of course, were the Applicants to institute any such more intensive use, as the opponents claim would constitute a permitted "hospital", the opponents would reverse course yet again and again claim the impacts are too great for their neighborhood. They should not be allowed to have it both ways.

This obvious hypocrisy on the part of the opponents, who have demonstrated that they will say or do anything to prevent the proposed use, should not fool the Board. The Applicants have clearly demonstrated that the proposed use is permitted as a "hospital" under the Zoning Code. The Board should rule accordingly, so that the Planning and Zoning Boards may continue their review of the application on its merits.

Thank you for your consideration.

Very truly yours,



Robert F. Davis

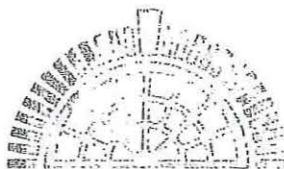
RFD:dds
Enclosure

c: Thomas F. Wood, Esq., Town Attorney
Josh Subin, Esq., Assistant Town Attorney

Applicants' Hearing Record/List of Zoning Board Submissions, March 2019 to Date

1. Four-volume "Consolidated Expanded Environmental Assessment Report", dated March 28, 2019, including the Applicants' expert's "Project Narrative Description" as Appendix B to Vol. 2.
2. Letter from Robert F. Davis, Esq. to Town Attorney Wood and Director of Code Enforcement Rogers, dated April 23, 2019, summarizing Applicants' rebuttal of Mr. Rogers' Zoning Opinion dated March 21, 2019 and requesting his withdrawal or modification of same (1st of two letters of April 23).
3. Letter from Robert F. Davis, Esq. to Town Attorney Wood and Director of Code Enforcement Rogers, dated April 23, 2019, summarizing Applicants' rebuttal of Mr. Rogers' Zoning Opinion dated March 21, 2019 (2nd letter of April 23), with Exhibits 1-14, including expert reports and curriculum vitae as Exhibits 2 and 3.
4. Letter from Robert F. Davis, Esq. to Hon. David Douglas, Chairman and Members of the Zoning Board, dated May 16, 2019 (1st of two letters of that date), accompanying Zoning Board of Appeals Application, dated May 17, 2019, challenging Mr. Rogers' Zoning Opinion dated March 21, 2019 and his Determination dated May 16, 2019.
5. Letter from Robert F. Davis, Esq. to Hon. David Douglas, Chairman and Members of the Zoning Board, dated May 16, 2019 (2nd letter of that date), accompanying Amended Zoning Board of Appeals Application, dated May 17, 2019.
6. Letter from Robert F. Davis to Hon. David Douglas, Chairman and Members of the Zoning Board, dated June 14, 2019, rebutting Mr. Rogers' Determination dated May 16, 2019, with Exhibits 15-19, in further support of Applicants' Appeal to the Zoning Board, including an additional expert report as Exhibit 17.
7. Applicants' counsel's June 19, 2019 meeting presentation outline.
8. Letter of Robert Schonfeld, Esq. to David Douglas, Chairman, Zoning Board of Appeals, dated August 12, 2019, regarding Americans with Disabilities Act.
9. Applicants' counsel's August 21, 2019 hearing presentation outline.
10. Letter of Robert F. Davis, Esq. to Hon. David Douglas, Chairman, and Members of the Zoning Board, dated August 27, 2019, regarding recusal of Member Franco (1st of two letters of that date).
11. Letter of Robert F. Davis, Esq. to Hon. David Douglas, Chairman, and Members of the Zoning Board, dated August 27, 2019 (2nd letter of that date), regarding Zoning Board's review authority on appeal from Code Enforcement Officer.
12. Curriculum Vitae of one of the Applicants' experts, Brian M. Baldwin, LCSW, submitted September 6, 2019.

13. Letter from Robert F. Davis, Esq. to Hon. David Douglas, Chairman, and Members of the Zoning Board, dated September 12, 2019, regarding SIC Manual references in the Table of Permitted Uses (1st of two letters of that date).
14. Letter from Robert F. Davis, Esq. to Hon. David Douglas, Chairman, and Members of the Zoning Board, dated September 12, 2019, regarding the definition of "hospital" in other Zoning Codes (2nd letter of that date).
15. Applicants' confidential questions for Director of Code Enforcement Officer, submitted September 16, 2019.
16. Applicants' counsel's September 18, 2019 hearing presentation outline.
17. September 18, 2019 hearing presentation outline of Peter J. Millock, Esq., expert health law counsel.
18. September 18, 2019 hearing presentation outline of expert, Brian M. Baldwin, LCSW.
19. Letter from Robert F. Davis to Hon. Douglas Davis, Chairman and Members of the Board, dated October 4, 2019, rebutting presentation of opposing counsel at September 18 meeting on "hospital" definition issue.
20. Applicants' counsel's October 16, 2019 hearing presentation outline.
21. October 16, 2019 hearing presentation outline of Peter J. Millock, Esq., expert health law counsel.
22. October 16, 2019 hearing presentation outline of expert, Brian Baldwin.
23. Letter of Robert F. Davis, Esq. to David Douglas, Chairman and Members of the Zoning Board dated October 22, 2019, in response to letter of William Scherer regarding *Mercy Hospital* case.
24. Letter of expert, Frank M. Cicero, Cicero Consulting Associates to the Zoning Board, dated October 28, 2019, further addressing certain issues relating to medical treatment and hospital use.
25. Letter of expert, Dr. Ernst Jean to the Zoning Board, dated October 28, 2019, summarizing his October 16 presentation to the Board regarding medical treatment and hospital use, based on his experience as Medical Director of Part 820 Facilities.
26. Letter of Robert F. Davis to David Douglas, Chairman, and Members of the Zoning Board regarding the record of proceedings, with Applicants' Hearing Record/List of Zoning Board Submissions, dated November 4, 2019.
27. Letter of Robert F. Davis to David Douglas, Chairman, and Members of the Zoning Board, with proposed Findings of Fact, dated November 4, 2019.
28. Stenographic Transcripts of September 18 and October 16, 2019 public hearing sessions.



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November 4, 2019

Via E-mail and Federal Express

Hon. David Douglas, Chairman
and Members of the Zoning Board
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe

**Re: Hudson Ridge Wellness Center, Inc. and Hudson Education and Wellness
Center
Appeal from Code Enforcement Officer's Determinations on Hospital Use**

Dear Chairman Douglas and Members of the Board:

In accordance with the Chairman's suggestion referenced in Mr. Subin's letter of September 4, 2019, enclosed are proposed "Findings of Fact" on behalf of the Applicants.

Thank you for your consideration.

Very truly yours,

Robert F. Davis

RFD:dds

Enclosure

c: Thomas F. Wood, Esq., Town Attorney
Josh Subin, Esq., Assistant Town Attorney

Applicants' Proposed Findings of Fact

1. The "Table of Permitted Uses" promulgated pursuant to §§ 307-14 and 307-15 of the Zoning Code, provides under "Health and Social Services", that the use "hospital or nursing home" is permitted by special permit in the residential zoning districts of the Town, among other districts where it is so permitted.
2. The use "hospital" is not defined in the Zoning Code.
3. Section 307-4 of the Zoning Code provides as follows:

Definitions.

For the purposes of this chapter, certain words and terms used herein are defined as set forth below. Terms and words not defined herein but defined in the New York Uniform Fire Prevention and Building Code shall have the meanings given therein unless a contrary intention clearly appears. Words not defined in either place shall have the meanings given therein unless a contrary intention clearly appears. Words not defined in either place shall have the meanings given in the most recent edition of Webster's Unabridged Dictionary. **Uses listed in the Table of Permitted Uses shall be further defined by the Standard Industrial Classification Manual, United States Office of Management and Budget.** (Emphasis added.)

4. Section 307-14(D) of the Zoning Code provides as follows:

Content of Table of Permitted Uses. . . .

D. Unless otherwise stated in this chapter, nonresidential uses listed on the Table of Permitted Uses shall be further defined by the Standard Industrial Classification Manual (SIC), Executive Office of the President, Office of Management and Budget, 1987. (Emphasis added.)

5. The numerous references to the SIC Manual in the Table of Permitted Uses, including in its "Legend", and in the use category "Health and Social Services", buttress the requirement of §§ 307-4 and 307-14(D) that undefined non-residential uses listed in the Table of Permitted Uses are to be defined by using the definitions of said uses set forth in the SIC Manual.
6. The Board has utilized the SIC Manual in rendering interpretations as to the permissibility of proposed uses on many prior occasions.
7. The SIC Manual lists groups of different industries, including "Major Group 80 – Health Services."

8. Major Group 80 – Health Services expressly includes “establishments primarily engaged in furnishing medical, surgical and other health services to persons”.
9. Major Group 80 specifically includes a number of different types of health service industries, including “Hospitals”, which constitute “Industry Group 806” thereunder.
10. Under SIC Major Group 80, Industry Group 806 for “Hospitals” includes 3 different categories of “Hospitals”: Industry No. 8062 “General Medical and Surgical Hospitals”, Industry No. 8063, “Psychiatric Hospitals”, and Industry No. 8069 “Specialty Hospitals, except Psychiatric”.
11. Said “Specialty Hospitals” under Industry No. 8069 are defined as “establishments primarily engaged in providing diagnostic services, treatment, and other hospital services for specialized categories and patients, except mental. Psychiatric hospitals are classified in Industry 8063”.
12. Industry No. 8069 lists examples of the types of Specialty Hospitals it includes, including specifically: “alcohol rehabilitation hospitals”, “drug addiction rehabilitation hospitals”, and “rehabilitation hospitals: drug addiction and alcoholism”.
13. Based on the evidence and testimony submitted by the Applicants and their expert consultants, including but not limited to the Applicants’ “Narrative Report” of July 2015, the Applicants’ Exhibits 2, 3 and 17 submitted in this proceeding, and the testimony of the Applicants’ expert consultants at the September 18, 2019 and October 16, 2019 hearing sessions, the Applicants’ proposed “specialty hospital” falls under SIC Major Group 80 – Health Services, Industry Group No. 806, Hospitals, Industry No. 8069, Specialty Hospitals – specifically, as a listed “rehabilitation hospital: drug addiction and alcoholism.”
14. In particular, such expert evidence and testimony established that, as provided in the SIC Manual, the proposed use will be one “primarily engaged in providing diagnostic services, treatment and other hospital services for specialized categories of patients”, where “medical care is a major element” and not merely “incidental”.
15. In order to provide such services, the Applicants will require a license pursuant to the Mental Hygiene Law, and Part 820 of the Regulations thereunder from the New York State Office of Alcoholism and Substance Abuse Services.
16. The proposed use is also substantially consistent with the relevant definition of “hospital” and related terms in other definitional sources cited to the Board, including the Uniform Fire Prevention and Building Code, Webster’s Dictionary, and the zoning codes of nearby municipalities.

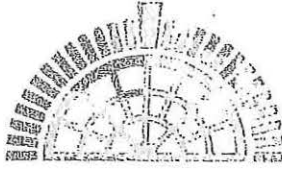
17. As it falls under the definition of "Hospital" under SIC Major Group 80 – Health Services, the Applicants' proposed use necessarily does not fall under SIC Major Group 83 – Social Services, which specifically provides that "establishments primarily engaged in providing health services are classified in Major Group 80" and that Group 836 "Residential Care" thereunder includes only uses where "medical care is not a major element" or "health care [is] incidental". Nor does the proposed use constitute "custodial care".
18. The law requires that the Zoning Code be strictly construed in favor of the Applicants. Further, the Americans with Disabilities Act requires that the Town make reasonable accommodations or modifications with respect to its zoning regulations to benefit the Applicants on behalf of their prospective patients, who constitute a protected class.
19. Accordingly, since the Applicants' proposed use falls within the definition of "Hospital" under the SIC Manual, it necessarily also constitutes a "hospital" under the Zoning Code's Table of Permitted Uses.
20. Accordingly, as the Applicants' proposed use constitutes a "hospital" under the Zoning Code, the Determinations of the Director of Code Enforcement, dated March 21, 2019 and May 16, 2019 to the contrary are hereby reversed, annulled and set aside.
21. To the extent that the Director of Code Enforcement's Determinations of March 21, 2019 and May 16, 2019 found that the variance required by the Applicants from the State road frontage requirements set forth in Zoning Code § 307-59(B)(9) constitutes a use variance rather than an area variance, as this Board has previously ruled that said variance is an area variance in its Decision and Order in this Case No. 2016-24, dated March 15, 2017, and the Courts subsequently have so held in other cases, the Director of Code Enforcement is bound by said determinations and accordingly, any determination by the Director of Code Enforcement to the contrary is hereby reversed, annulled and set aside.
22. As to the Director of Code Enforcement's May 16 Determination that the Building Code use and occupancy classification of the Applicants' main hospital building as I-1, rather than I-2, while the substance of Building Code determinations generally is not within the purview of the Zoning Board, it is within the Board's purview, on the basis of its foregoing findings, to find that, as the SIC Manual definitions are the source for defining non-residential uses under the Zoning Code, Building Code use and occupancy classifications may not be used to do so. Under §§ 307-87 and 307-88 of the Zoning Code, the issuance of Building Permits must be in accordance both with the Zoning Code, necessary board approvals, and any interpretation by this Board thereof.

23. Further, the Board notes that the Planning Board did not request the Director of Code Enforcement to make such Determination under the Building Code and that the Applicants have not sought a Building Permit in connection with the proposed use. Moreover, pursuant to the foregoing sections of the Zoning Code, neither the Planning Board nor the Zoning Board having ruled on the application. Accordingly, any application for a Building Permit or determination thereon is premature. Therefore, the determination of the Director of Code Enforcement as to the Building Code use and occupancy classification of said building, a determination generally reserved for and made in connection with an application for a Building Permit, is hereby reversed, annulled, and set aside as premature.

Finally, and importantly, as stated in the Board's Decision of March 15, 2017 in this Case No. 2016-24, this Board emphasizes that this Decision and Order does not arrive at a final conclusion as to whether the Applicants' application for an area variance from the applicable State road frontage requirement should or should not be granted by this Board, and nothing in this Decision and Order should be interpreted as in any way addressing that issue or expressing any views whatsoever on the ultimate underlying merits (or lack thereof) of the Applicants' said application for an area variance. The Board shall address and consider such matters only after additional public hearings are conducted on this application.

This limited issue of interpretation of the definition of "hospital" under the Zoning Code is a Type II action under SEQRA as it consists of the interpretation of an existing code or rule.

SUB-APPENDIX F



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November 6, 2019

* ALSO MEMBER CONNECTICUT & FLORIDA BARS

Via E-mail and Federal Express

Hon. David Douglas, Chairman
and Members of the Zoning Board
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe

*Re: Hudson Ridge Wellness Center, Inc. and Hudson Education and Wellness
Center
Appeal from Code Enforcement Officer's Determinations on Hospital Use*

Dear Chairman Douglas and Members of the Board:

Yesterday afternoon we received the submission of Zarin & Steinmetz, on behalf of the opponents, which included letters of two new consultants, Steven Rabinowitz and Edward P. Larkin, P.E. of Chazen Engineering. We strongly object to the submission and the Board's consideration of those two letters. The submissions of these two new consultants are directly contrary to the letter and intent of the hearing procedures set forth by the Board, as memorialized in particular in Mr. Subin's letter of September 4, 2019, as to how the Board would "treat experts and submissions," whereby at the September hearing session (as subsequently carried over to October) the parties would "put forward their experts to bolster their client's case" and the Board would be afforded "the opportunity to ask questions of the relevant experts", with the parties afforded their "rebuttals" thereafter.

There is no reason why these new consultants could not have appeared at any of the three public hearing sessions in August through October, or made their submissions during the five months this particular proceeding has been pending. By disregarding the Board's stated procedure, to which the Applicants adhered, the opponents have created a self-serving scenario where these consultants may not be heard or questioned by the Board, or subjected to rebuttal by the Applicants' experts before the Board. This is patently unfair to the Applicants.

Hon. David Douglas, Chairman
and Members of the Zoning Board
November 6, 2019
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It now seems clear that the week's extension of the ten-day written comment period, sought and obtained by our opponents' counsel over our objection (see my attached e-mail correspondence) had much less to do with their inexplicably belated attempt to secure a transcript of the proceedings to prepare proposed Findings as stated, than with affording them time to secure these additional reports in an attempt to bolster their position at the end of the last hearing.

As their actions are severely prejudicial to the Applicants, the Applicants will reserve the right to submit a brief and expeditious reply of their experts this week, albeit they have been effectively prevented by the opponents at this late juncture from offering a more comprehensive response.

Notwithstanding, the November 5, 2019 letter of one such new consultant, Mr. Larkin of Chazen Engineering, which tellingly, is incongruously entitled "NYS Building Code Review", essentially simply reiterates Mr. Rogers' misplaced attempt to utilize the Building Code and its use and occupancy classifications to render an interpretation regarding a permitted use under the Zoning Code. The irrelevancy and the inaccuracies and contradictions in Mr. Rogers' arguments in this regard, and accordingly in Mr. Larkin's, have already been refuted by Applicants at great length throughout these proceedings, including in particular, in our comprehensive submissions of April 23, 2019 and June 14, 2019, and in my letter of October 4, 2019.

The November 5, 2019 letter of Melissa Zambri and Eugene M. Laks of Barclay Damon, LLP, in large part reiterates the comments they made at the September and October hearing sessions, which were amply rebutted by the hearing presentations and submissions of the Applicants' experts, Peter J. Millock, Esq., Frank Cicero and Brian M. Baldwin. (See, in particular, those presentations and submissions, and the stenographic transcripts, enumerated as Items No. 3 (Ex. 3), 6 (Ex. 17), 17, 18, 21, 22, 24, 25 and 28 in my November 4, 2019 letter, containing the "Applicants' Hearing Record/List of Submissions to Zoning Board to date".)

With respect to the letter of Zarin & Steinmetz dated November 5, 2019, we have previously fully addressed all of their pertinent arguments with respect to the definition and permissibility of the subject specialty hospital use in our prior hearing presentations and submissions enumerated as Items 1-28 in my November 4, 2019 letter containing the "Applicants' Hearing Record/List of Submissions to Zoning Board to date", to which the Board is respectfully referred.

Hon. David Douglas, Chairman
and Members of the Zoning Board
November 6, 2019
Page 3

We note, however, that in their letter, counsel inaccurately state the principles of *administrative res judicata/collateral estoppel* as they apply to *zoning boards*, which in sum, are discussed in McKinney's Practice Commentaries to the Town Law §267-a, pp. 43-48 (2013). In this regard, it should be noted that the Zoning Board did, in fact, render a *final* determination that the Applicants require an area variance for and premised upon their permitted hospital use, not a use variance. Further, counsel and their clients expressly asserted the finality of that determination in the Article 78 proceeding they brought to challenge it, in which they recognized the permitted use on which the variance issue was premised, as was likewise acknowledged by the Town of Cortlandt, the Town Board and the Zoning Board, all of whom the opponents named as parties to their litigation. In essence, the principles of *res judicata* bar a party from re-raising issues which were raised *or could have been raised* in a prior proceeding before the Board. Neither the opponents nor the Town ever raised the "hospital issue" before February 2019 and should be barred from doing so now.

We also wish to point out the false statement contained in counsel's "Proposed Findings of Fact", No. 10, apparently based on the belated Larkin letter, that "the proposed building is not planned or designed to contain smoke compartments and more extensive fire alarms and fire suppression systems, which are required to be included in hospitals". First, we are not sure how counsel or their consultant would know this, since the Applicants have not submitted any detailed interior construction plans for their 7 buildings in connection with any building permit for the proposed use. Second, there is nothing in the record of this proceeding that would support such a finding. Third, the proposed hospital will, in fact, provide for necessary fire protection systems. Indeed, we pointed out in my April 23rd letter that, as discussed with the Town's Director of Technical Services, the buildings will be sprinklered as required by the Town for hospital uses. Again, however, Building Code requirements do not determine permitted uses under the Zoning Code, in any event.

Finally, the crux of counsel's argument, as set forth on page 15 of their letter, is that "in New York, to be a hospital, you must be an Article 28 hospital" and that the Applicant cannot be "a hospital under Town Zoning, but a residential treatment program under State Law". **To the contrary:** The Applicants' health care special counsel, Peter Millock, Esq., long-time general counsel to the State Health Department, explained at length to the Board that the definition of "hospital" under Article 28 of the Public Health Law, not only includes many types of uses in addition to "general hospitals", but is intended only for jurisdictional purposes of allotting supervision of certain types of facilities between State-agencies. The fact is that PHL Article 28 expressly describes drug and alcohol facilities in precisely the same manner it describes all the types of "hospitals" included within Article 28, but delegates them to the jurisdiction of the Department of Mental Hygiene under Article 32 of the Mental Hygiene Law. They are no less medically intensive, nor any less a hospital in their specialty field, as a result of that jurisdictional division. Moreover, the Public Health Law is not a definitional source in the Town

Hon. David Douglas, Chairman
and Members of the Zoning Board
November 6, 2019
Page 4

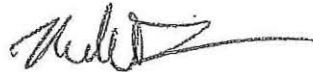
Zoning Code and the Zoning Code does not require, as counsel claims, that a facility must be licensed under Article 28 to be a "hospital" for purposes of the Zoning Code. Nor do any of the other zoning codes of neighboring towns we provided. Hence, the Zoning Board did not utilize PHL Article 28 in its previously cited case in interpreting whether a use was a permitted "nursing home", although to further illustrate our point, it is one of the various disparate uses listed in Article 28 as a "hospital" for purposes of the PHL.

Contrary to counsel's assertions, *any* permitted use, including that of the Applicants, *can* be defined differently under different State and local laws. It happens all the time. For example, the other local zoning codes we provided to the Board with my September 12 letter all define "hospital" different than Article 28. (See Item No. 14 in our Nov. 4 list.)

The only relevant law before *this* Board is the Zoning Code. The Applicants have amply demonstrated, particularly in view of the strict interpretation requirements of State and Federal Law for zoning regulations, that the proposed use constitutes a permitted "hospital" *for zoning purposes* under the specific definitional requirements of the Town Zoning Code.

Thank you for your consideration.

Very truly yours,



Robert F. Davis

RFD:dds
Enclosure

c: Thomas F. Wood, Esq., Town Attorney
Josh Subin, Esq., Assistant Town Attorney
Zarin & Steinmetz

SUB-APPENDIX G



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November 7, 2019

Via E-mail and Federal Express

Hon. David Douglas, Chairman
and Members of the Zoning Board
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe

*Re: Hudson Ridge Wellness Center, Inc. and Hudson Education and Wellness
Center
Appeal from Code Enforcement Officer's Determinations on Hospital Use*

Dear Chairman Douglas and Members of the Board:

Pursuant to my letter of November 6, 2019, with respect to the submissions of Zarin & Steinmetz on November 5, 2019, enclosed is the letter of today's date of our health care counsel, Peter J. Millock, Esq., in response to new material submitted by opponent's consultants, together with a revised version of the "Applicants' Hearing Record/List of Zoning Board Submissions from March 2019 to Date" to reflect our two additional letters.

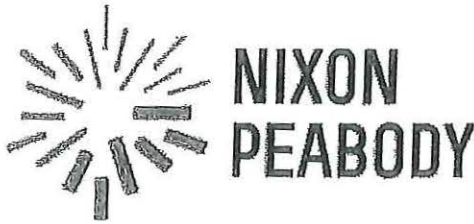
Thank you.

Very truly yours,

Robert F. Davis

RFD:dds
Enclosures

c: Thomas F. Wood, Esq., Town Attorney
Josh Subin, Esq., Assistant Town Attorney



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November 7, 2019

Hon. David Douglas, Chairman
Members of the Town of Cortlandt Zoning Board of Appeals
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe

Re: Hudson Ridge Wellness Center, Inc.

Dear Chairman Douglas and Members of the Zoning Board of Appeals:

This letter is submitted on behalf of my client, Hudson Ridge Wellness Center, Inc. (Hudson Ridge), in response to letters recently submitted by the opponents to the Hudson Ridge project. I am specifically responding to statements in the November 5, 2019 letters of Ms. Zambri and Mr. Rabinowitz, and of Mr. Steinmetz, who incorporated the comments of Ms. Zambri and Mr. Rabinowitz.

In response to the opponents' insistence that Hudson Ridge will not be a hospital, allow me focus on what I think are the two central questions before you:

- (1) Is Hudson Ridge a hospital? That must be answered by you in accordance with your Code. I submit that Mr. Davis has laid out the proper path to the answer, directly to the Standard Industrial Classification (SIC) definition of "Specialty Hospital". The answer does not depend on Article 28 of the New York Public Health Law (PHL), or any other external source, nor should it. No matter how often statements are made by the opposition regarding compliance with Article 28 of the PHL, the fact remains that the Town of Cortlandt has its own definition of "hospital"; that definition is clear and includes the type of facility proposed by Hudson Ridge; and that definition does not have to comport with the Article 28 definition of hospital or any other definition. Further discussion of Article 28 is wasteful and distracting.
- (2) Will Hudson Ridge provide services that are custodial and medically incidental OR medically extensive? We believe that the testimony of Dr. Jean, a medical director of a Part 820 program under the Office of Addiction Services and Supports (OASAS) regulations, was definitive in that regard, as is the fact that the Part 820 program requires a medical director. If the care and services were custodial and medically incidental in nature, would a medical director be needed? No, as the regulations for custodial, non-medical programs which do not

require a medical director show in the alternative. Programs with extensive medical services, such as the OASAS Part 820 program, require medical direction and have medical directors.

Rather than address every point in the voluminous submission by the opponents, permit me to make a few points that I hope will make your decision easier. Having stated our belief regarding the definition of "hospital", I will focus on the medical nature of the services provided and the incorrect assumptions and statements of Mr. Rabinowitz and Ms. Zambri in that regard.

To begin, the statements by Ms. Zambri and Mr. Rabinowitz that the medical services provided by Hudson Ridge will not be "major" "but only minor" (Ms. Zambri) and "which are not medically intensive" (Mr. Rabinowitz) are incorrect and, more importantly, off the point. Nowhere in your Zoning Code or the SIC (or even Article 28, for that matter), does it say that medical care must be "major" or "intensive". The established standard is "extensive", and not custodial or incidental in nature. That is the dividing line. The extensive nature of the medical care at Hudson Ridge is something we have previously demonstrated beyond question.

Turning to a statement by Mr. Rabinowitz on this matter is instructive. Mr. Rabinowitz suggests that Hudson Ridge will solely provide Medication Assisted Treatment (MAT) as a medical service. That is not even near the truth. Rather, as per our written and verbal testimony, including that of Dr. Jean, Hudson Ridge will provide MAT and daily treatment of significant medical conditions such as cardiovascular disease, diabetes, chronic obstructive pulmonary disease and multiple other health issues endemic to the service population, which has typically had its health compromised by a significant period, often decades, of substance use. It will also provide medical assessment services, medical monitoring and therapeutic services through a psychiatrist, who by definition will be a physician licensed by the State of New York. That is what Dr. Jean stated, and that is the fact, regardless of Mr. Rabinowitz's statements to the contrary. It is why Dr. Jean has his job, to protect the patients in his OASAS Part 820 Program. The attempt by the opponents to divert your attention from the many hours of medical care that each resident will receive each day, including attempting to say that medical therapeutic services for the treatment and recovery of these patients are not medical care, is wrong.

We have previously addressed such red herring issues as water usage and medical waste. See, e.g., Mr. Davis's letter of April 23, 2019, pp 14-15 and Ex. 11. Further, the generalized statements of the Applicant's engineers summarizing the proposed use in the context only of environmental impact review in other proceedings should not be used to obfuscate the detailed discussion of the Applicant's medical and health care experts of the Applicant's internal operations in this proceeding.

Here are some other comments by the opponents that bear direct rebuttal:

The Rabinowitz Letter

- Mr. Rabinowitz acknowledges that the proposed program is a Chemical Dependence Residential Treatment Program under Article 32 of the Mental Hygiene Law and Part 820 of Title 14 NYCRR.
- He confirms that Medication Assisted Treatment (MAT) is provided at a Chemical Dependence Residential Treatment Program.
- He confirms that the Chemical Dependence Residential Treatment Program must have an OASAS-approved Detoxification Protocol, approved by the OASAS Medical Director (and

which will be administered by Hudson Ridge's Medical Director).

- As noted above, he mistakenly claims that Medication Assisted Treatment is the only medical treatment provided at a Chemical Dependence Residential Treatment Program and, with Ms. Zambri, he attempts to exclude consideration of the medical therapeutic services from the extensive medical services that will be provided at Hudson Ridge. In fact, psychotropic medication therapy, individual, group, and family counseling, regular toxicology screening, trauma-informed care and ongoing use of clinical tools by the 42 medical and health care professionals on staff to assess withdrawal, emotional distress, cognitive functioning and cravings are all medical services provided by Qualified Health Professionals in a Chemical Dependence Residential Treatment Program.
- He states that "A large number of those patients who require MAT will have already been started on the medication prior to admission and in those cases the role of the program physician is simply to review the prior prescription and continue it." This is not correct. First, he has no knowledge of the mix of patients and whether any of them will have already started MAT. Second, even in the case of those patients who have begun MAT, each patient will receive ongoing daily individualized medical assessment by the physician, as well as individualized adjustments to the MAT regimen, based on his/her individual medical needs.
- He states that most of the Center's 92 clients will not be receiving MAT. He has no basis for that statement, which is clearly incorrect. Hudson Ridge has stated that its proposed program will provide the Stabilization Level of Care, where MAT is required, and the Rehabilitation Level of Care, where MAT can be provided. In fact, most of Hudson Ridge's patients will be receiving MAT.
- He states in reference to the schedule, "This is consistent with the 1 hour each day set aside for MAT for those limited number of clients who are receiving MAT. 1 hour would not be enough time if a majority of the Center's clients were on MAT". The program schedule submitted by Hudson Ridge is for a single typical patient only, not for every patient who will receive MAT. The 1 hour per day is per patient and as noted, it is expected that most patients will be receiving MAT as part of the Stabilization Level of Care.
- He describes the medical treatment services listed on the patient schedule as "recreational, social and educational activities". These are medically necessary services provided by medical staff to treat the illness of substance use disorder as described in our previous material. The services are not trivial (or custodial) and trivializing the services is misleading at best.
- He mistakenly states that "The required staffing for a Part 820 program is not primarily or even in large part made up of medical providers". 14 NYCRR Part 800 defines the staff that Hudson Ridge has listed in its staffing as "Qualified Health Professionals" (QHPs). Those QHPs, who will make up the majority of Hudson Ridge's staff, are medical providers.
- His statement that a client to be admitted "appears to not need acute hospital care, acute psychiatric care, or other intensive services", is correct but does not prove that medical services are not provided at a Chemical Dependence Residential Treatment Program.
- As with other key codes noted above, - 14 NYCRR Section 816.6 does not use the language "major medical service" to describe Medically Managed Stabilization and Withdrawal. Those are Mr. Rabinowitz's words. He is correct, and we have never disputed that Medically Managed Stabilization and Withdrawal can only be provided in an Article 28 hospital. That does not mean or prove that the services in a Part 820 Program are not medical.
- He also states that "lesser forms of detoxification, which are not medically intensive, such as medically supervised or medically monitored withdrawal and stabilization services, may take place in an Article 32 residential treatment program if permitted by OASAS". The phrases

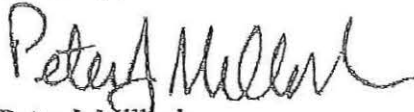
"lesser forms of detoxification" and "which are not medically intensive" are not contained in Part 816 of 14 NYCRR. Again, these are his words. Part 820 states, and Mr. Rabinowitz confirms, that medically supervised stabilization and withdrawal services are appropriate for persons suffering from mild to moderate withdrawal symptoms, coupled with unstable living environments, or who are unable to detox on their own without withdrawal complications. The services to address those patient issues are medical in nature and are overseen by a medical director.

The Zambri Letter

- The footnote on page 3 of Ms. Zambri's letter stating that Hudson Ridge will only accept commercial insurance and not Medicaid is just not true. Hudson Ridge will accept Medicaid, which is a type of insurance; Hudson Ridge has said all along that it will accept patients with insurance, and that has always included an assumption of service to Medicaid patients.
- Ms. Zambri insists that the illness of substance use and dependence is somehow "minor and incidental", "not major" and therefore not equal to physical illnesses. This is in direct conflict with the Federal Mental Health Parity and Addiction Act (MHPAA), New York's "Timothy's Law" and the recently enacted Behavioral Health Parity Reporting Act, which we have cited previously. Each of these laws requires that health insurance plans treat these illnesses equally with regards to access to and payment for treatment.
- Ms. Zambri incorrectly states that "the Wellness Center would not automatically be permitted to provide MAT by being licensed as a Part 820 facility." As part of the OASAS PPD-5 application for licensure, Hudson Ridge will be required to submit its Detoxification Protocol and, after it receives its NYS OASAS license, it will be approved to provide MAT. The citation by Ms. Zambri (14 NYCRR Section 816.5(e)(5)) refers to the use of opioid full agonist treatment, which means the use of methadone, which does require additional approvals but does not prohibit the program from providing MAT, using buprenorphine, suboxone or other medications.
- Ms. Zambri incorrectly states that Medication Therapy is defined as "continuation of medications prescribed by the patient prior to admission." The psychiatrist (again, a specialist physician) at Hudson Ridge will provide ongoing assessment of each resident for possible co-occurring mental illness and will prescribe psychotropic medications as needed. This has been described clearly in previous submissions as medication therapy. The continuation of medications prescribed for the patient prior to admission will be evaluated by the physician after consulting with the physician who prescribed the medication.
- Similarly, Ms. Zambri's attempt to distinguish medical from therapeutic services is not correct from a medical standpoint and again, as the opponents have done in the past, ignores the fact that Hudson Ridge will be caring for individuals with a recognized disease which requires medical treatment that can be provided in the form of therapeutic services, as described in more detail above in my responses to Mr. Rabinowitz's letter.
- Finally, Ms. Zambri's attempt to find a contradiction regarding Hudson Ridge's services with respect to patients detoxing elsewhere is also without merit, particularly as it pertains to whether Hudson Ridge will be providing medical care. Just as there are levels of acute hospital care, there are levels of chemical dependency treatment. Just because a patient does not detoxify at a facility such as Hudson Ridge does not mean that that facility is not providing medical care; in fact, as we have testified and described at length, the central focus of this program is the medical treatment, by and under the supervision of a physician, of a recognized disease. In any event, Hudson Ridge will be providing medically supervised detoxification services.

In closing, we hope that in your deliberations you will not be misled by the opposition away from your own Code or confused by the opposition with respect to the extensive medical nature of the services that Hudson Ridge Wellness Center will provide. Thank you for your consideration.

Sincerely,

A handwritten signature in dark ink, appearing to read "Peter J. Millock". The signature is fluid and cursive, with the first name "Peter" being more prominent.

Peter J. Millock,

cc: Mr. Steven Laker, Hudson Ridge Wellness Center
Robert Davis, Esq., Davis, Singleton, Davis
Mr. Frank M. Cicero, Cicero Consulting Associates
Mr. Brian Baldwin, Cicero Consulting Associates

SUB-APPENDIX H

REVISED

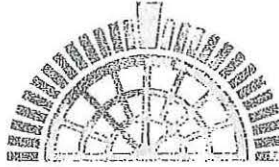
Applicants' Hearing Record/List of Zoning Board Submissions, March 2019 to Date

1. Four-volume "Consolidated Expanded Environmental Assessment Report", dated March 28, 2019, including the Applicants' expert's "Project Narrative Description" as Appendix B to Vol. 2.
2. Letter from Robert F. Davis, Esq. to Town Attorney Wood and Director of Code Enforcement Rogers, dated April 23, 2019, summarizing Applicants' rebuttal of Mr. Rogers' Zoning Opinion dated March 21, 2019 and requesting his withdrawal or modification of same (1st of two letters of April 23).
3. Letter from Robert F. Davis, Esq. to Town Attorney Wood and Director of Code Enforcement Rogers, dated April 23, 2019, summarizing Applicants' rebuttal of Mr. Rogers' Zoning Opinion dated March 21, 2019 (2nd letter of April 23), with Exhibits 1-14, including expert reports and curriculum vitae as Exhibits 2 and 3.
4. Letter from Robert F. Davis, Esq. to Hon. David Douglas, Chairman and Members of the Zoning Board, dated May 16, 2019 (1st of two letters of that date), accompanying Zoning Board of Appeals Application, dated May 17, 2019, challenging Mr. Rogers' Zoning Opinion dated March 21, 2019 and his Determination dated May 16, 2019.
5. Letter from Robert F. Davis, Esq. to Hon. David Douglas, Chairman and Members of the Zoning Board, dated May 16, 2019 (2nd letter of that date), accompanying Amended Zoning Board of Appeals Application, dated May 17, 2019.
6. Letter from Robert F. Davis, Esq. to Hon. David Douglas, Chairman and Members of the Zoning Board, dated June 14, 2019, rebutting Mr. Rogers' Determination dated May 16, 2019, with Exhibits 15-19, in further support of Applicants' Appeal to the Zoning Board, including an additional expert report as Exhibit 17.
7. Applicants' counsel's June 19, 2019 meeting presentation outline.
8. Letter of Robert Schonfeld, Esq. to David Douglas, Chairman, Zoning Board of Appeals, dated August 12, 2019, regarding Americans with Disabilities Act.
9. Applicants' counsel's August 21, 2019 hearing presentation outline.
10. Letter of Robert F. Davis, Esq. to Hon. David Douglas, Chairman, and Members of the Zoning Board, dated August 27, 2019, regarding recusal of Member Franco (1st of two letters of that date).
11. Letter of Robert F. Davis, Esq. to Hon. David Douglas, Chairman, and Members of the Zoning Board, dated August 27, 2019 (2nd letter of that date), regarding Zoning Board's review authority on appeal from Code Enforcement Officer.
12. Curriculum Vitae of one of the Applicants' experts, Brian M. Baldwin, LCSW, submitted September 6, 2019.

13. Letter from Robert F. Davis, Esq. to Hon. David Douglas, Chairman, and Members of the Zoning Board, dated September 12, 2019, regarding SIC Manual references in the Table of Permitted Uses (1st of two letters of that date).
14. Letter from Robert F. Davis, Esq. to Hon. David Douglas, Chairman, and Members of the Zoning Board, dated September 12, 2019, regarding the definition of "hospital" in other Zoning Codes (2nd letter of that date).
15. Applicants' confidential questions for Director of Code Enforcement Officer, submitted September 16, 2019.
16. Applicants' counsel's September 18, 2019 hearing presentation outline.
17. September 18, 2019 hearing presentation outline of Peter J. Millock, Esq., expert health law counsel.
18. September 18, 2019 hearing presentation outline of expert, Brian M. Baldwin, LCSW.
19. Letter from Robert F. Davis to Hon. Douglas Davis, Chairman and Members of the Board, dated October 4, 2019, rebutting presentation of opposing counsel at September 18 meeting on "hospital" definition issue.
20. Applicants' counsel's October 16, 2019 hearing presentation outline.
21. October 16, 2019 hearing presentation outline of Peter J. Millock, Esq., expert health law counsel.
22. October 16, 2019 hearing presentation outline of expert, Brian Baldwin.
23. Letter of Robert F. Davis, Esq. to David Douglas, Chairman and Members of the Zoning Board dated October 22, 2019, in response to letter of William Scherer regarding *Mercy Hospital* case.
24. Letter of expert, Dr. Ernst Jean to the Zoning Board, dated October 28, 2019, summarizing his October 16 presentation to the Board regarding medical treatment and hospital use, based on his experience as Medical Director of Part 820 Facilities.
25. Letter of expert, Frank M. Cicero, Cicero Consulting Associates to the Zoning Board, dated October 28, 2019, further addressing certain issues relating to medical treatment and hospital use.
26. Letter of Robert F. Davis, Esq. to David Douglas, Chairman, and Members of the Zoning Board regarding the record of proceedings, with Applicants' Hearing Record/List of Zoning Board Submissions, dated November 4, 2019.
27. Letter of Robert F. Davis, Esq. to David Douglas, Chairman, and Members of the Zoning Board, with proposed Findings of Fact, dated November 4, 2019.
28. Stenographic Transcripts of September 18 and October 16, 2019 public hearing sessions.

29. Letter of Robert F. Davis, Esq. to David Douglas, Chairman and Members of the Zoning Board regarding Zarin & Steinmetz submission, dated November 6, 2019.
30. Letters of Robert F. Davis, Esq. and Peter J. Millock, Esq. to David Douglas, Chairman and Members of the Zoning Board, in response to Zarin & Steinmetz consultant submissions, dated November 7, 2019, with revised submission list.

SUB-APPENDIX I



SINGLETON, DAVIS & SINGLETON PLLC

ATTORNEYS AT LAW

THOMAS J. SINGLETON, 1930-2015

ROBERT F. DAVIS

WHITNEY W. SINGLETON*

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November 11, 2019

Hon. David Douglas, Chairman
and Members of the Town of the Zoning Board of Appeals
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe

Re: Hudson Ridge Wellness Center, Inc.

Dear Chairman Douglas and Members of the Zoning Board of Appeals:

I write to you on behalf of my client, Hudson Ridge Wellness Center, Inc. (Hudson Ridge), in response to documents submitted by the opponents to this project late on Friday afternoon on November 8, 2019.

First, I am happy to report that we have finally found something on which we can agree with counsel for the opponents: just as Zarin & Steinmetz wrote, we too wish that we did not have to send this letter. But we do – as a result of their continued and increasingly desperate attempts to prevent my client's project with their misstatements. At the outset, I ask that you declare this letter to be the final statement from anyone regarding the matter prior to your decision, in keeping with the time-honored rule of allowing the applicant to have the final say, as we in fact discussed and as was recognized in discussing procedures for this matter at your September work session, in regard to Mr. Subin's letter of September 4, which likewise recognized this principle in setting forth the hearing procedures.

In response to the November 8th letters, I offer the following:

Zarin & Steinmetz Letter

- Though the letter reads as if our actions caused the opponents to bring in additional experts, which is nonsense, the facts regarding what really is at issue here are clear – the opponents brought in additional experts after the hearing was closed. The timing and circumstances of the introduction of those experts are immaterial – the additional experts were introduced after October 16, 2019, the last day of the hearing.

- Notwithstanding the exculpatory claims to the contrary, counsel from Barclay Damon has repeatedly characterized the medical care provided in an OASAS Part 820 program as minor and incidental and they have likened the Part 820 program to other provider types like an assisted living facility, which, unlike an OASAS program, does not require a medical director and does not provide care anything like that provided in an OASAS program. With their words, they have attempted to lower your estimation of the seriousness of the illnesses – both physical and mental – experienced by residents of a Part 820 program. Their words have been contradicted by a physician and medical director of such a program, Dr. Jean, who described to you the multitude of physical comorbidities and long-standing mental diseases that his patients have, that challenge him and other physicians to deliver appropriate and effective care every day. They cannot hide the fact of what they have done by attempting to twist our expert health care counsel Mr. Millock's words – they have attempted to convince you that this is custodial care, and it is not.
- Notwithstanding the statements of the Zarin & Steinmetz team, Mr. Larkin is not privy to the design of this proposed facility, nor do his statements have any relation to the matter at hand – the Hudson Ridge facility may and indeed, must be classified a hospital, including a Specialty Hospital, in the Town of Cortlandt under its Zoning Code (and the SIC), and that would have no bearing at this time on whether it should or should not have the systems discussed by Mr. Larkin under the Building Code. The opponents are again seeking to conflate the Town Zoning Code with other codes, and we ask again that you not countenance that attempt.
- With respect to Mr. Rogers, we did not “cherry-pick” anything. The record is clear, as are Mr. Rogers's actions, that at best, he gave short shrift to anything that we wrote or said. More important, as we have demonstrated legally, you are not bound to consider his opinion, nor should you.
- With respect to the final point in the Zarin & Steinmetz letter, concerning my statement about the Citizens Group – I stand behind my statement. The Citizens Group does not want this project in its proverbial back yard, and its attempts to block the project have included now saying that the amount of hospital activity is not enough to be considered a hospital, after having previously argued that the hospital activity is too much for their neighborhood – if that does not define the hypocrisy of quintessential NIMBYism, then we have another definitional matter on our hands for review.

Rabinowitz Letter

The letter from Mr. Rabinowitz is perhaps more disturbing, though his attempts to denigrate and devalue the medical importance of the OASAS Part 820 program may perhaps be excused by his late entry into this matter and the fact that he only regulated such programs and did not actually work every day in a program like Dr. Jean. The enclosed analysis refutes Mr. Rabinowitz's arguments on a point-by-point basis and demonstrates what I sincerely believe is a misguided and even shameful treatment of the true nature of this

program. Once you read through the two pages, I think you will agree that, as with other so-called experts before him in this case, his words have shown either a complete lack of understanding of how much in need of medical treatment the residents of an OASAS Part 820 program are, a mischaracterization of that need, or perhaps a combination of those two elements. It is a sad and desperate last attempt to harm and prevent this worthy project.

As I wrote at the start of this letter, I truly hope that these will be the last words you consider on this subject prior to rendering your judgment. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert Davis', with a stylized flourish at the end.

Robert Davis, Esq.

cc: Mr. Steven Laker, Hudson Ridge Wellness Center
Peter J. Millock, Esq., Nixon Peabody
Mr. Frank M. Cicero, Cicero Consulting Associates
Mr. Brian Baldwin, Cicero Consulting Associates

Cicero Consulting Associates VCC, Inc.

White Plains Unit
Frank M. Cicero
Charles F. Murphy, Jr.
James Psarianos
Rose Murphy
Michael D. Ungerer
Noelia Chung
Brian Baldwin
Michael F. Cicero
Karen Dietz
Evelyn Branford
Michael C. Malale
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Rosemarie Porco
Daniel Rinaldi, Jr.
Mary Ann Anglin

Emeritus Consultants
Nicholas J. Mongiardo
Joan Greenberg
Martha H. Pofit
Frank T. Cicero, M.D.

November 11, 2019

Hon. David Douglas, Chairman
and Members of the Town of Cortlandt Zoning Board of Appeals
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe

Michael R. Parker, Sr.
(1941-2011)
Anthony J. Maddaloni
(1952-2014)

Re: Hudson Ridge Wellness Center, Inc.

Dear Chairman Douglas and Members of the Zoning Board of Appeals:

I write to you on behalf of my client, Hudson Ridge Wellness Center, Inc. (Hudson Ridge), in response to the letter of Mr. Steven Rabinowitz dated November 8, 2019. Following are my specific comments regarding the points in his letter:

- Contrary to Mr. Rabinowitz's attempt to compare the OASAS licensed Residential Treatment Program to a visit to the school nurse, the full text of the Part 820 regulations regarding assessment and medical treatment does include physical health issues as part of the treatment program and the individual patient's treatment plan, regardless of whether a physical examination is not required for patients who have had one within 12 months of admission. It is as follows:

Part 820.7(c)

Assessment.

(1) Prior to admission, all programs must:

- (i) conduct a communicable disease risk assessment (HIV/AIDS, tuberculosis, hepatitis, or other communicable diseases);
- (ii) (ii) conduct a toxicology screen as clinically appropriate or required by federal law.

(2) If clinically indicated, as soon as possible after admission, all programs must:

- (i) recommend HCV testing; testing may be done on site or by referral;
- (ii) conduct an intradermal skin or blood-based Tuberculosis test; testing may be done on site or by referral with results as soon as possible after admission but no later than finalization of the treatment recovery plan;
- (iii) recommend HIV testing; testing may not be conducted without patient written informed consent except in situations specifically authorized by law. HIV testing may be done on site or by referral;
- (iv) explain any blood and skin test results to the patient within 3 weeks of the test.
- (v) provide or recommend any other tests the examining physician or other medical staff member deems to be necessary, including, but not limited to, an EKG, a chest X-ray, or a pregnancy test.

(3) Any significant medical issues identified prior to or after admission must be addressed in the treatment/recovery plan and documented in the patient case record.

(d) Medical history. (1) If the patient has a medical history available and has had a physical examination performed within 12 months prior to admission, or if the resident is being admitted directly to the residential service from another Office certified SUD program, the existing medical history and physical examination documentation may be used to comply with the requirements of this subdivision, provided that such documentation has been reviewed and determined to be current and accurate; such determination shall be dated and recorded in the resident record.

- Mr. Rabinowitz's description of Medication Assisted Treatment as a treatment that solely consists of a patient taking their medication shows a lack of understanding of this Evidence-Based Treatment.

As stated in Mr. Baldwin's presentation on October 16, 2019, Hudson Ridge Wellness Center will offer Medication Assisted Treatment (MAT) to help these patients address their withdrawal symptoms and the potential cravings associated with them. MAT includes:

- Assessment of withdrawal symptoms, which will include ongoing standardized withdrawal evaluation including the use of Clinical Institute Withdrawal Assessment (CIWA) and/or Clinical Opiate Withdrawal Scale (COWS).
 - Patients will receive symptom relief and/or addiction medications such as Suboxone, Vivitrol, Buprenorphine and Naltrexone for opiate withdrawal and Librium, Ativan and Valium for alcohol withdrawal.
 - This type of withdrawal management will be a closely managed withdrawal management service which will assist patients through withdrawal using a substance specific taper or induction plan. The plan will include decision points for ending the taper or extending for mild or protracted withdrawal or maintenance therapy.
 - The medical staff in the facility will be assessing and treating residents for the medical effects of possible withdrawal symptoms on their recovery and will be assisting the residents in managing the emotional aspects of withdrawal through psychosocial interventions including family therapy, if clinically appropriate.
 - Regular vital signs monitoring will be provided by medical staff, including a physician.
 - Medical staff will follow the Hudson Ridge Wellness Center Stabilization and Withdrawal Protocol, which must be approved by the Medical Director of OASAS.
- Mr. Rabinowitz is perhaps not aware of the high percentage of patients in Substance Use Treatment Programs who are suffering from Co-Occurring Mental Illness, which requires Medication Therapy, as well as individual, group and family counseling, all medical services required in a Residential Substance Use Program.
 - Mr. Rabinowitz's denigration of important medical services such as individual, group and family counseling does not recognize their importance in the recovery process. OASAS does and that is why they are required in an OASAS licensed Residential Treatment Program.
 - Finally, it should be noted that, while the opposition has repeatedly cited, in a misleading fashion, the minimum requirements governing the proposed Hudson Ridge program, they continue to fail to recognize that Hudson Ridge has proposed an operation with a high quality and level of service, including 42 on-site licensed medical professionals, which will far exceed the minimum standards.

Thank you for your attention to this information.

Sincerely,


Brian Baldwin

cc: Mr. Steven Laker, Hudson Ridge Wellness Center
Robert F. Davis, Esq., Singleton, Davis & Singleton PLLC
Peter J. Millock, Esq., Nixon Peabody
Mr. Frank M. Cicero, Cicero Consulting Associates

APPENDIX 43



Site Planning
Civil Engineering
Landscape Architecture
Land Surveying
Transportation Engineering

Environmental Studies
Entitlements
Construction Services
3D Visualization
Laser Scanning

February 19, 2021

Loretta Taylor, Chairperson and Members of the
Town of Cortlandt Planning Board
Town Hall
1 Heady Street
Cortlandt Manor, NY 10567

Re: JMC Project 14088
Proposed Specialty Hospital
2016 Quaker Ridge Road
Town of Cortlandt, New York

Dear Chairperson Taylor and Members of the Board:

For the Board's review, attached please find a two-page "Summary of Impacts" of the proposed project. After numerous reviews, this document provides a summary of the identified absence of any significant adverse impacts of the proposed use. The proposed hospital is to serve patients and clients who experience alcohol and substance abuse disorders. The hospital will re-use the existing buildings on the 20.83-acre campus such that no new buildings are proposed.

Additional detail and data are found in the 4-volume "Consolidated Expanded Environmental Assessment Report", dated March 2019, previously submitted to the Board.

Thank you for your consideration.

Sincerely,

JMC Planning Engineering Landscape Architecture & Land Surveying, PLLC

Robert B. Peake

Robert B. Peake, AICP
Project Manager

cc: Mr. Steve Laker
Robert Davis, Esq.

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SUB-APPENDIX A



Site Planning
Civil Engineering
Landscape Architecture
Land Surveying
Transportation Engineering

Environmental Studies
Entitlements
Construction Services
3D Visualization
Laser Scanning

PROJECT: JMC Project 14088
Proposed Specialty Hospital
2016 Quaker Ridge Road
Town of Cortlandt, NY

SCOPE: Summary of Impacts

DATE: February 17, 2021

Introduction: After numerous reviews, this document provides a summary of the identified absence of any significant adverse impacts of the proposed use. The proposed hospital is to serve patients and clients who experience alcohol and substance abuse disorders. The hospital will re-use the existing buildings on the 20.83-acre campus such that no new buildings are proposed.

Will there be there a substantial adverse change as a result of the project?

Traffic	In 2018/2019 our traffic consultants worked alongside the Town's traffic consultants to analyze potential impacts. After extensive studies, including a traffic management plan approved by the Town's consultants, it was agreed that the use would not have a significant impact. The use will have lower volumes than other permitted uses in the R-80 district.
Air Quality	No generation of emissions - No Impact
Groundwater	Proposed well system has been approved by WCDOH. Proposed Subsurface Wastewater Disposal System rebuilds and upgrades existing system to modern standards and is approved by the WCDOH. Extensive Town approved well pump testing for possible impact on off-site wells demonstrated use wouldn't have no significant impact. Town approved off-site Well Monitoring program to be implemented. -
Surface Water	Minimal site work - No Impact anticipated
Removal of Vegetation	Minimal removal of Vegetation - No Impact. Landscape buffer plan established. Additional trees to be planted.
Endangered Species	No Impact
Natural Resources	No Impact
Critical Environmental Areas	No Impact
Community's Current Plans or Goals	Project is consistent with the 2004 and 2016 Comprehensive Plans and 2004 Open Space Plan.

Impairment of Historical Resource	No historical resources will be affected with preservation of the site.
Impairment of Archeological Resource	No Archeological Affects noted with preservation of the site.
Impairment of Architectural Resources	Exterior of buildings will remain as originally designed - No impact anticipated
Impairment of Neighborhood Character	The Site has been in existence for 100 years as an institutional use - no impact anticipated
Major change in the Use of Energy	No new construction – Other improvements made will be more energy efficient and consistent with current standards.
Creation of a Hazard to Health	Existing Subsurface Wastewater Disposal System to be rebuilt and upgraded to modern standards - Approved by WCDOH – No impact anticipated.
Substantial Change in the Use of Agricultural Land	No Impact
Substantial Change in the Use of Open Space	No Impact
Substantial Change in the Use of Recreational Land	No Impact
Substantial change in Recreational Resources	No Impact
Attraction of a Large Number of People	Not compared with other permitted uses such as schools or prior permitted uses of property. Patients will remain on-site for approximately 28 days. Staff will have staggered shifts. Only 25% of patients will have visitors any one weekend.
Project is Consistent with the Town Development Plan	Use is consistent with 2004 Comprehensive Plan, including Policy 34 (no increase in development density), and with 2016 Comprehensive Plan and 2004 Open Space Plan.

NOTE: This document provides an overview summary of key SEQRA impact areas related to the proposed project. Additional detail and data are found in the 4-volume “Consolidated Expanded Environmental Assessment Report”, dated March 2019, by JMC.

SUB-APPENDIX B



SINGLETON, DAVIS & SINGLETON PLLC

ATTORNEYS AT LAW

THOMAS J. SINGLETON, 1930-2015

ROBERT F. DAVIS

WHITNEY W. SINGLETON*

ALEXANDER D. SALVATO

* ALSO MEMBER CONNECTICUT & FLORIDA BARS

120 EAST MAIN STREET
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FAX: 914.666.6442

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February 22, 2021

Via E-Mail and Federal Express

Hon. Loretta Taylor, Chairperson and Members of the Board
Planning Board of the Town of Cortlandt
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe, AICP, Deputy Director, Planning Division

*Re: Hudson Ridge Wellness Center, Inc. and Hudson Education and Wellness Center
2016 Quaker Ridge Road, Town of Cortlandt
2021 Addendum to March 28, 2019
Consolidated Expanded Environmental Assessment Report*

Dear Chairperson Taylor and Members of the Board:

As requested by the Board at the February 2, 2021 meeting, enclosed for the Board's convenience, are the following items filed with the Board subsequent to the filing of the Applicants' 4-volume Consolidated Expanded Environmental Assessment Report ("CEEAR"), prepared by JMC and dated March 28, 2019, which are being submitted for the record:

1. April 11, 2019 report of the Town's hydrogeological consultant, in response to the February 2019 Report of the neighborhood group's hydrogeologist.
2. April 16, 2019 follow-up comments of the Town traffic consultant in response to JMC's March 21, 2019 responses to his prior comments.
3. April 25, 2019 response of JMC to the Town traffic consultant's April 16, 2019 comments.
4. Robert F. Davis June 4, 2019 Planning Board presentation outline.
5. Letter of Robert F. Davis to Planning Board, dated December 17, 2020, with copy of Court Decision.

Hon. Loretta Taylor, Chairperson and Members of the Board

February 22, 2021

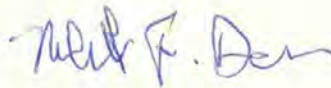
Page 2

6. Letter of Robert F. Davis to Planning Board, dated January 4, 2021.
7. Robert F. Davis January 5, 2021 Planning Board presentation outline.
8. Letter of Robert F. Davis to the Planning Board, dated January 21, 2021.

We have not enclosed the Applicants' expert reports submitted in the 2019-2020 Zoning Board proceedings relating to the internal medical and health care operations of the specialty hospital. However, we will provide them upon request and as consistently noted, the Zoning Board record shall be deemed part of the Planning Board record and vice versa.

Thank you for your consideration.

Very truly yours,



Robert F. Davis

RFD:dds

Enclosures

c: Thomas F. Wood, Esq. (via e-mail)
Josh Subin (via e-mail)
Chris Kehoe, AICP (via e-mail)
Michael Preziosi, P.E. (via e-mail)
Brad Schwartz, Esq. (via e-mail)

SUB-APPENDIX B-I

EXHIBIT 1



Memorandum

Copies 1 Planning Board

To: Mr. Michael Preziosi, PE
Director - Dept. of Technical Services
Town of Cortlandt
1 Heady Street
Cortlandt Manor, New York 10567

From: William A. Canavan, PG, LSRP
HydroEnvironmental Solutions, Inc.
One Deans Bridge Road
Somers, New York 10589

Date: April 11, 2019

Re: Hudson Ridge Wellness Center
Review of Hydro Quest and WSP Letters
2016 Quaker Ridge Road
Cortlandt, New York

..... Town Board
..... Zoning Board
..... 1 Legal Dept.
..... 1 DOTS Director
..... C.A.C.
..... A.R.C.
..... 1 Applicant
..... 1 Robert Davis, Esq.
..... 1 JMC
Sent 4/16/19
1 Ralph Mustromano
1 WSP

HydroEnvironmental Solutions, Inc. (HES) was retained by the Town of Cortlandt to review the Hudson Ridge Wellness Center (HRWC) Application for a proposed 92 bed drug and alcohol rehabilitation facility as it relates to groundwater hydrogeology and water usage. As part of our evaluation process, HES reviewed the following documents provided by the Town and the Applicant:

1. A January 29, 2019 letter from HydroQuest (HQ) related to the 2018 Pumping Test conducted at the subject site.
2. A February 26, 2019 response letter from the Applicant's hydrogeologic consultant, LBG Hydrogeologic & Engineering Services, P.C., member of WSP (LBGHES) related to the HQ letter.
3. A March 4, 2019 letter from LBGHES describing the proposed post-approval well monitoring plan.

In the January 29, 2019 letter, HQ disputed the findings of WSP's October 2018 Pumping Test Report. The arguments made by, HQ can be summarized as follows:

- The 72-hour pumping test did not adequately stress the aquifer under full project water demand or seasonally dry or drought conditions.
- The water demand calculated for HRWC is not accurate, and a demand of 175 gallons per day (gpd) per hospital bed, as recommended by New York State Department of Environmental Conservation (NYSDEC), should be used instead of the 110 gpd used by the Applicant.
- The Greenstein and Shapiro wells located at 83 and 78 Quaker Ridge Road, respectively, were the only two monitoring wells impacted by the pumping test

One Deans Bridge Road • Somers, New York 10589

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(on or off-site) and therefore are the only true monitoring wells measured during the pumping test.

- Water levels in the pumping wells were continuing to decline at the termination of the pumping test.
- Because the Greenstein and Shapiro wells were in use during the pumping test, the effects of on-site pumping cannot be accurately determined.
- There may be other impacted off-site wells which were not monitored during the test.

In response, the February 26, 2019 letter from LBGHES addressed points made by HQ and defended the findings of the Pumping Test Report. The points made by WSP are summarized as follows:

- The pumping test adequately stressed the aquifer by pumping the two wells at a combine rate of more than twice the average water demand for the project (17.6 gpm) continuously for 72 hours, a scenario that will not occur under proposed occupancy conditions
- Background precipitation and well monitoring data and annual precipitation totals from a local weather station indicate the pumping test was completed during seasonal and multi-year dry periods.
- HRWC is intended to be a drug rehabilitation center and not a general hospital or nursing home. The proposed water demand was based on NYSDEC standards and approved by Westchester County Department of Health (WCDOH).
- The off-site monitoring program provides excellent coverage of the 1,500-foot radius around the site taking into consideration wells with purported pressure or supply issues and local fracture trace patterns and provides clear information on off-site impacts. The monitoring program was approved by WCDOH and HES on behalf of the Town of Cortlandt prior to the start of the test.
- Sixty-seven property owners were solicited to participate in the off-site monitoring program. 16 wells were monitored out of the 18 owners who were interested in the program (two wells were deemed inaccessible). The results from the off-site program indicate that off-site impacts were limited to only two wells.
- The pumping test demonstrates there is a sufficient amount of water above the existing pump settings of each of the Greenstein and Shapiro wells. The utilization of the HRWC wells during proposed occupancy conditions should have no discernable impact to the off-site wells monitored.
- HQ's statement that the water level in the HRWC wells continued to decline following termination of the test is a misrepresentation of the results. The water level change in the final six hours of pumping met the NYSDEC criteria of less than 0.5 foot per 100 feet of available drawdown in each well.

- The fact that the Greenstein and Shapiro wells (and other off-site monitoring wells) were in use during the duration of the test doesn't compromise the data collected from the wells or undermine the conclusions of the pumping test report.

In the March 4, 2019 letter, the Applicant proposed a new post-approval well monitoring plan which was also described in the February 26 letter and previous reports and work plans. The monitoring plan would begin three to six months before the facility's certificate of occupancy is issued and continue for up to two years after 75 percent occupancy has been achieved. The program as proposed by the Applicant would monitor up to six wells using pressure transducer data loggers as was done during the pumping test. The Greenstein and Shapiro wells at 83 and 78 Quaker Ridge Road would be solicited as part of the program based on the drawdown effects documented at these wells during the pumping test. Off-site monitoring data would be compiled by LBGHES and submitted to the Town as semi-annual reports which would also include water level data and pumping volumes from on-site wells which will be metered. The Applicant has also proposed sending monthly operational reports, including pumping volumes, to the Town and WCDOH.

Based on our review of the above outlined letters we offer the following:

Pumping Test and On-site Well Monitoring

In their January 19, 2019 letter HQ questioned the stabilization of the two pumping wells and criticized the pumping test methodology used by LBGHES stating:

"using the methodology employed by professional hydrogeologists, stabilized aquifer equilibrium conditions were not achieved during the 2018 aquifer test.... The moderate downward-trending slopes on these graphs documents that aquifer equilibrium conditions have not been achieved."

The simultaneous two well 72-hour pumping test met the requirements of the WCDOH and followed NYSDEC Guidelines for pumping tests. The purpose of the pumping test was to demonstrate that an adequate water supply was available for the proposed HRWC facility based on the project demand, not to establish equilibrium conditions in the bedrock aquifer. As stated in the pumping test report, at the test's conclusion stabilization, as defined in the NYSDEC Pumping Test Guidelines as less than 0.5 foot per 100 feet of available drawdown in the final six hours of pumping, was achieved.

HQ's 180-day projections, indicating over 100 feet of drawdown will occur in the wells if they were pumped continuously at the pumping test rate of 9 gpm each for 180 days is not relevant. If this scenario were to occur, ample drawdown would still be available in each well (total well depths are 385 feet and 800 feet in Wells 1 and 2 respectively). However, this is unlikely as the wells will are not expected to pump double the daily demand continuously for a multiday period, let alone a 180-day period. In addition, the site will be serviced by a one day 12,000-gallon water tank which may be used to meet peak demands. The 12,000-gallon water tank is proposed and designed into the new water system. The existing fire suppression tank is proposed for use, and one of the original wells is proposed for use in filling the fire suppression tank only. If it is shown on the site plan that one of the existing wells is connected only to the fire suppression tank, in our opinion one of the wells can remain, as it will only be used to top off the fire suppression tank and will have minimal use.

HQ's claims that "Aquifer depth and continuity over the broad project area have not been adequately addressed". HES believes that the three pumping tests demonstrate that the two supply wells are capable of achieving HRWC's daily demand. The most recent test conducted in August 2018 effectively demonstrated the facility's water demands could be met without severe impacts on neighboring supply wells. The water bearing fractures and their depth are irrelevant to the testing and the water supply. Additionally, hydrographs from the pumping wells indicate that water level recovery to pre-pumping level following cessation of pumping was relatively rapid.

HQ's comment regarding the total drawdown measurements of 345 feet and 460 feet in Wells 1 and 2 respectively during a "previous aquifer test" are misinterpreted. These water levels, which are shown on the driller's logs for Wells 1 and 2 were not from an "aquifer test", but are measurements made by the driller following well installation using air lift through the drilling tools from the bottom of the borehole. Well drillers use air lift from the drill rig to provide an approximation of a well's capacity. They are not actual measured values from long-term pumping at the wells and the duration of the air lifting is unknown. Long term pump testing is the most accurate way to determine a well's capacity.

HES agrees with HQ's statement that the two on-site monitoring wells are not hydraulically connected to the pumping wells as was demonstrated during testing at Wells 1 and 2. However, the lack of induced drawdown in the wells does not mean disqualify there use as monitoring wells as stated by HQ. On the contrary, the lack of drawdown in the two on-site monitor wells confirms that these two well locations are not connected to the same water bearing fracture set(s) as the pumping wells.

Off-site Well Monitoring Program

HES agrees with LBGHES that the 16 off-site homeowner wells provided sufficient coverage, and a total of sixty-seven (67) off-site surrounding well owners were notified and solicited to participate in the well monitoring program. The two impacted wells contained ample available drawdown in the wells at the end of testing (475 feet and 175 feet), demonstrating ample water will be available in the wells during drought conditions. As noted in the site-wide water budget, even under severe drought conditions (30-year drought), recharge to the bedrock aquifer is substantially greater than the water demand for the project.

The 72-hour pumping test induced drawdown in the Shapiro (78 Quaker Hill Road) and Greenstein (83 Quaker Hill Road) wells while pumping double the daily demand. Which well induced the impacts is irrelevant. The impacts were discernible but not concerning because there was plenty of available drawdown in both impacted wells at the peak drawdown levels. Additionally, the Applicant has proposed long-term monitoring of impacted wells to ensure that no adverse impacts occur.

As noted above with regards to the on-site monitoring wells, no impact or induced drawdown in a well does not indicate the well is not a valid monitoring well, it simply means that the well(s) with no impact is not hydraulically connected to the pumping wells. As HQ points out, bedrock aquifers are anisotropic.

HQ's assertion that the value of monitoring data from off-site wells is negated by homeowner pumping is incorrect. Data loggers in the wells were set to collect water level readings at a frequency sufficient to determine the effects of homeowner use versus impacts related to on-site pumping. The homeowner well pumping cycles are clearly indicated on the hydrographs, as are the impacts related to on-site pumping on the Shapiro and Greenstein wells.

Consideration of Dry and Drought Condition Impacts on the Bedrock Aquifer

The LBGHES response regarding precipitation monitoring before during and after the pumping test supports the conclusion that rainfall was not a factor regarding the water supply on-site. The 2012-2018 rainfall data presented by LBGHES indicates rainfall over the past 6 years prior to the pumping test was significantly below average (page 2 of WSP February 226, 2019).

The Applicant's hydrogeologic consultant carefully monitored rainfall before, during and after the pumping test. The pumping test report specifically states the rainfall amounts for multiple years prior to testing, provides for rainfall documented from an on-site rain gage and from a National Weather Service rain gage within the same drainage basin (not the Cross River in an entirely different water shed on the eastern

side of the county, as listed in the HQ letter). As noted by the Applicants consultant, long-term rainfall trends were well below average. HES believes the rainfall and its minimal effects on groundwater recharge during the testing period were carefully detailed and accounted for and was not a factor in skewing the testing results.

Water Demand

HES is satisfied with the water demand of 110 gpd for the proposed Hudson Wellness Center. The WCDOH approved this demand, and the demand is site-specific in that the facility is not considered a hospital and has lesser demand.

- The Applicant demonstrated to the WCDOH and to HES that the proposed use was not a typical hospital, and that the per bed water use of 110 gpd was justified. If the agency responsible for estimating water use approves of the calculated demand, that is the demand that should be used to estimate the water budget. It should be noted that HES attempted to find an applicable Standard Industrial Code (SIC) for the proposed use at the site, and none was found, therefore, relying on the WCDOH approved water use per bedroom is acceptable. Additionally, the proposed use for the site does not include on-site laundry or irrigation. However, when it comes to estimating project demand HQ cites the NYSDEC water use numbers for a hospital at 175 gpd per bed, yet when it comes to pumping test protocol, HQ wishes to use their own interpretation of stabilization and protocols not the NYSDEC Water Supply Testing Guidelines. Regulations and Guidelines are promulgated by state and county agencies for a reason, they are not open for interpretation by professional hydrogeologists as a matter of convenience.

Post-Approval Monitoring Plan

As proposed by the Applicant, a long-term post-approval off-site monitoring plan should be put in place three to six months prior to granting of the certificate of occupancy for HRWC and should continue for two years following 75% occupancy. HES is in agreement that the Greenstein and Shapiro residences at 83 and 78 Quaker Ridge Road should be solicited to participate in the program. The Applicant has proposed mitigation measures for any off-site wells that may be adversely impacted from on-site pumping. Mitigation measures could include lowering a pump, deepening a well or in extreme cases replacing a well. Additionally, the on-site supply wells should be individually metered as proposed, and monthly update reports should be submitted to the Town for review to confirm water use and if any off-site impacts have occurred. The proposed monitoring plan was submitted with the August 2018 Water Supply Assessment Report and in a subsequent March 4, 2019 letter from WSP to the Town of Cortlandt citing the submitted Off-Site Monitoring Plan and stating that the on-site wells would be metered and water use reports would be submitted to the Town.

Mr. Michael Preziosi, PE
March 26, 2019
Page | 7

Conclusions & Recommendations

HES agrees with LBGHES that the water demand for the project was accurately and properly justified and that the 72-hour simultaneous pumping test was conducted in accordance with the WCDOH and HES approved work plan. The pumping test demonstrated that Wells 1 and 2 can support the project and are compliant with WCDOH and NYSDEC requirements for community water supplies.

The off-site well monitoring program was thorough and comprehensive. The pumping test was conducted as per the approved work plan and in accordance with WCDOH and NYSDEC Guidelines. Both are valid and well thought out and confirm the presence of a viable water supply for the project with minimal off-site impacts given the project demand.

Based on the findings of the multiple pumping tests and the off-site well monitoring program, HES does not recommend any additional hydrogeologic testing at this time, other than implementing a long-term monitoring plan which should be put in place following project approval.

If you have any questions regarding this matter or should you require any additional information, please contact me at (914) 276-2560.

cc: File

SUB-APPENDIX B-2

EXHIBIT 2

 **Provident**
design engineering
7 Skyline Drive, Hawthorne, NY 10532
Tel: (914) 592-4040 www.pderesults.com



April 16, 2019

Michael Preziosi, P.E.
Director – Dept. of Technical Services
Town of Cortlandt
1 Heady Street
Cortlandt Manor, NY 10567

RE: Traffic Engineering Re-Review
Hudson Wellness Facility – 79.11-1-18
Town of Cortlandt, New York

Dear Mr. Preziosi:

Provident Design Engineering, PLLC (PDE), a licensed Professional Engineering Firm in the State of New York, has conducted a Traffic Engineering Re-Review on the above-referenced Application. This review considered responses to PDE's February 22, 2019 Review Letter provided by the Applicant in their March 21, 2019 Response Letter. In addition to the March 21, 2019 Response Letter, the following additional information was reviewed:

1. January 19, 2018 JMC Response Letter to October 26, 2017 PDE Letter
2. January 19, 2018 JMC Response Letter to Town Staff Comments
3. January 19, 2018 JMC Response Letter to November 14, 2017 New Castle Letter
4. Site Plans dated January 8, 2018, prepared by Ralph G. Mastromonaco, P.E., P.C.
5. Transportation Management Plan dated February 22, 2018 prepared by JMC
6. Expanded Environmental Assessment Report dated July 20, 2015
7. Expanded Environmental Assessment Report dated October 10, 2016
8. October 20, 2016 letter from JMC to the Town of Cortlandt ZBA
9. April 10, 2017 Addendum to the Expanded Environmental Assessment Report dated October 10, 2016
10. July 10, 2017 2nd Addendum to the Expanded Environmental Assessment Report dated October 10, 2016
11. July 31, 2017 letter from JMC to Town of Cortlandt Planning Board
12. September 8, 2017 letter from JMC to Town of Cortlandt Planning Board
13. Site Plan for Hudson Ridge Wellness Center dated October 5, 2016
14. May 21, 2018 JMC Response Submittal Cover Letter
15. March 22, 2018 JMC Response Letter to Town Professional Staff and Consultant Meeting Comments
16. April 30, 2018 Letter from Scott Cullen to Robert Davis

Copies ¹ Planning Board

..... Town Board

..... Zoning Board

..... ¹ Legal Dept.

..... ¹ DOTS Director

..... C.A.C.

..... A.P.C.

..... ¹ Applicant

..... ¹ Robert Davis, Esq.

..... ¹ JMC

Sent 4/17/19

¹ Ralph Mastromonaco
P.E.

17. May 14, 2018 JMC Letter Addressing Public Facebook Comments
18. May 18, 2018 JMC Response Letter to Mr. Shannon Comments
19. May 18, 2018 JMC Response Letter to March 23, 2018 PDE Letter
20. May 16, 2018 Letter from Ralph G. Mastromonaco to Dan O'Connor
21. May 8, 2018 Email from Ralph G. Mastromonaco to Michael Preziosi
22. Site Plans dated Revised May 16, 2018 prepared by Ralph G. Mastromonaco, PE, PC
23. August 13, 2018 JMC Response Letter to June 11, 2018 PDE Letter
24. Site Plans dated Revised August 8, 2018 prepared by Ralph G. Mastromonaco, PE, PC
25. Survey Plan dated Revised October 18, 2018 prepared by TC Merritts Land Surveyors
26. Revision #1 to August 13, 2018 JMC Response Letter dated revised November 12, 2018
27. Transportation Management Plan dated revised November 12, 2018 prepared by JMC
28. Revision #2 to August 13, 2018 JMC Response Letter dated revised December 17, 2018
29. Site Plans dated Revised December 4, 2018 prepared by Ralph G. Mastromonaco, PE, PC
30. Site Plans dated Revised February 27, 2019 prepared by Ralph G. Mastromonaco, PE, PC

Based upon a review of the responses and additional information provided, there are items that still need to be further addressed by the Applicant. The following provides a summary of comments on the Applicant's responses in the order in which they appeared in the March 21, 2019 Response Letter:

1. The Applicant has provided a more detailed plan that clearly notes the gravel path will be an ADA accessible path. Additionally, the path has been relocated around the proposed land-banked parking area on the updated plans. PDE finds this response to be acceptable.
2. The Applicant indicates that New York State Department of Transportation (NYSDOT) has provided an oral advisement that 10 feet from the roadway pavement is 'typically' used for purposes of the 10% standard. PDE maintains that the Applicant should confirm that the design meets the following criteria set forth in the NYSDOT Design Manual:

"Minimum vertical curve to accommodate the design vehicle. Whenever the driveway grade changes, the profile should be rounded by connecting the two different grades with a smooth vertical curve. Abrupt changes in driveway grade near the highway may cause operational and safety problems. Driveway profiles should prevent vehicle undercarriage damage and facilitate entering and exiting maneuvers. Refer to the driveway profiles found in the Residential and Minor Commercial Driveways Standard Sheets 608-03."

The Applicant further indicates that lessening the grade on the driveway would require substantial excavation (8-10 feet) for a length of more than 200 feet. It is stated that this would result in significant regrading that would impact the subsurface sanitary sewer improvements, as well as wetland impacts, and the septic system improvements could not be relocated on site. The Applicant does not indicate whether the provision of retaining wall in combination with regrading would avoid impacts to the septic system.

The Applicant provided examples of two locations within the Town where maximum grades exceed 10%. The two examples are as follows:

1. Springvale Road approach to NYS Route 9A
 - a. Maximum grade - 16.6%
 - b. Grade within 50 feet of intersection – 8.5%
 - c. Grade at intersection – 2.9%
2. Jacobs Hill Road approach to US Route 6
 - a. Maximum grade – 15.4%
 - b. Grade within 50 feet of intersection – 6.7%
 - c. Grade at intersection – 1.2%

Although the maximum grades at these two locations are greater than the proposed maximum grade of 13% on the proposed site driveway, the grades in the more immediate vicinity of the intersection are substantially less than the proposed site driveway, which is proposed to have a grade of approximately 11% within 50 feet of the intersection and 5% at the intersection. As noted above, the Applicant should confirm that the criteria set forth by NYSDOT is met, especially with respect to whether the driveway profiles may cause any vehicle undercarriage damage. This can be confirmed with vehicle tracking software. PDE recommends this be investigated for the following design vehicles:

- Typical Passenger Vehicle
 - Delivery Vehicle (SU-30)
 - Delivery Vehicle (SU-40)
3. The Applicant indicates the proposed driveway improvements do not impact the historic nature of the road. PDE defers to the Town on this matter.
 4. No additional response necessary.
 5. As noted previously, the actual daily trips can be confirmed with the traffic monitoring study to be performed by the Applicant as part of the Transportation Management Plan. The finalized version of the Transportation Management Plan should be a condition of Site Plan Approval that will need to be deemed acceptable by the Director of Technical Services.
 6. No additional response necessary.
 7. No additional response necessary.
 8. The Applicant has provided an updated Driveway Improvement Plan that demonstrates that the 20-foot traveled way can be provided with minor additional widening along the west side of Quaker Ridge Road immediately south of the site driveway, as well as the removal of overburden as previously indicated. The Applicant will need to provide a Construction Plan to formally identify how the 20-foot width will be achieved in this area

and to what extent the pavement will need to be replaced and/or repaired. This Plan should be prepared as part of the Site Plan Approval Process to confirm whether there would be any impact or modification to the historic characteristics of the roadway.

9. The Applicant provided additional truck turning templates in the plan set dated revised February 27, 2019. The additional truck turning templates illustrate an SU-30 and SU-40 truck entering and exiting the site driveway to/from Quaker Ridge Road to the north. These turning templates indicate that the maneuver may be very difficult to accomplish, especially for the SU-40 and there would significant vehicle overhang on the south side of the site driveway. Additionally, these vehicles would need to fully encroach into the oncoming lane of traffic on Quaker Ridge Road in order to exit the site. This may create an unsafe condition and the Applicant may need to closely coordinate these delivery trips and provide temporary traffic control on Quaker Ridge Road to avoid potential vehicular conflicts.
10. No additional response necessary.
11. The Applicant indicates the visitor parking spaces will be made available to staff on weekdays and visitors on weekends, when staffing is reduced. A portion of the visitor spaces should be remain reserved on weekdays for operational-type visitors.

As noted previously, a Parking Monitoring Study will be part of the Transportation Management Plan. The finalized version of the Transportation Management Plan should be a condition of Site Plan Approval that will need to be deemed acceptable by the Director of Technical Services. At a minimum, the Parking Monitoring Study should be performed at the following thresholds:

- Initial occupancy of the facility
- 50% occupancy of the facility
- 75% occupancy of the facility
- 100% occupancy of the facility (and for two years thereafter)

If the parking demand at any of these thresholds indicates that the parking supply to be provided is (or will be) deficient then the Applicant will need to come back before the Planning Board to demonstrate how the land-banked parking necessary to meet the parking demand will be accommodated from an engineering and environmental standpoint (no engineering detail currently provided for the land-banked parking areas). The additional impacts associated with the land-banked area(s) will need to be considered cumulative to the original impacts to determine State Environmental Quality Review Act (SEQRA) implications.

12. No additional response necessary.
13. No additional response necessary.

Michael Preziosi, P.E.
April 16, 2019
Page 5 of 5

14. No additional response necessary.

Should you have any questions or comments concerning the review letter, please feel free to contact me at 914.367.0204 or via email at cholt@pderesults.com.

Very truly yours,

Provident Design Engineering, PLLC

Carlito Holt

Carlito Holt, P.E., PTOE
Partner/Senior Project Manager

Q:\PROJECTS-17\17-043 Cortlandt HW Review\Ltr\Hudson Wellness Facility Traffic Re-Review 04.16.19.docx

SUB-APPENDIX B-3

EXHIBIT 3



Site Planning	Environmental Studies
Civil Engineering	Entitlements
Landscape Architecture	Construction Services
Land Surveying	3D Visualization
Transportation Engineering	Laser Scanning

April 25, 2019

Loretta Taylor, Chairperson and Members of the
Town of Cortlandt Planning Board
Town Hall
1 Heady Street
Cortlandt Manor, NY 10567

Re: JMC Project 14088
Proposed Specialty Hospital
2016 Quaker Ridge Road
Town of Cortlandt, New York

Dear Chairperson Taylor and Members of the Board:

We have prepared this letter and attachments to address the outstanding comments in the Provident Design Engineering letter, dated April 16, 2019. Comments which have been addressed to the satisfaction of the Town traffic consultant are not reiterated herein. The comment numbers are consistent with the numbering in the Provident Design Engineering letter.

Comment No. 2

The Applicant indicates that New York State Department of Transportation (NYSDOT) has provided an oral advisement that 10 feet from the roadway pavement is 'typically' used for purposes of the 10% standard. PDE maintains that the Applicant should confirm that the design meets the following criteria set forth in the NYSDOT Design Manual:

"Minimum vertical curve to accommodate the design vehicle. Whenever the driveway grade changes, the profile should be rounded by connecting the two different grades with a smooth vertical curve. Abrupt changes in driveway grade near the highway may cause operational and safety problems. Driveway profiles should prevent vehicle undercarriage damage and facilitate entering and exiting maneuvers. Refer to the driveway profiles found in the Residential and Minor Commercial Driveways Standard Sheets 608-03."

The Applicant further indicates that lessening the grade on the driveway would require substantial excavation (8-10 feet) for a length of more than 200 feet. It is stated that this would result in significant regrading that would impact the subsurface sanitary sewer improvements, as well as wetland impacts, and the septic system improvements could not be relocated on site. The Applicant does not indicate whether the provision of retaining wall in combination with regrading would avoid impacts to the septic system.

The Applicant provided examples of two locations within the Town where maximum grades exceed 10%. The two examples are as follows:

1. *Springvale Road approach to NYS Route 9A*
 - a. *Maximum grade - 16.6%*
 - b. *Grade within 50 feet of intersection - 8.5%*
 - c. *Grade at intersection-2.9%*
2. *Jacobs Hill Road approach to US Route 6*
 - a. *Maximum grade-15.4%*
 - b. *Grade within 50 feet of intersection - 6. 7%*
 - c. *Grade at intersection - 1.2%*

Although the maximum grades at these two locations are greater than the proposed maximum grade of 13% on the proposed site driveway, the grades in the more immediate vicinity of the intersection are substantially less than the proposed site driveway, which is proposed to have a grade of approximately 11 % within 50 feet of the intersection and 5% at the intersection. As noted above, the Applicant should confirm that the criteria set forth by NYSDOT is met, especially with respect to whether the driveway profiles may cause any vehicle undercarriage damage. This can be confirmed with vehicle tracking software. PDE recommends this be investigated for the following design vehicles:

- *Typical Passenger Vehicle*
- *Delivery Vehicle (SU-30)*
- *Delivery Vehicle (SU-40)*

Response No. 2

The attached information prepared by Ralph G. Mastromonaco, PE, PC confirms a firetruck can traverse the proposed grade transition without impacting the vehicle undercarriage. While the proposed centerline of the driveway is shown with a 5% initial slope, the vast majority of entering traffic, projected at 95% entering from the south, will be traversing along a lesser slope since the travel distance is greater in the transition area for an entering vehicle between the existing road and the proposed driveway, as compared to an exiting vehicle making a left turn. The attached Existing Road Grade Exhibit Springvale Road, dated 4/24/2019 prepared by Ralph G. Mastromonaco, PE, PC shows the Springvale Road grade at the intersection with Route 9A is approximately 7.14 percent. The previously submitted plan inadvertently labeled the Route 9A slope of 2.9 percent as if it were a portion of Springvale Road.

Retaining walls are already proposed on both sides of the proposed improved driveway in the vicinity of the septic system. If the driveway was lowered even more in association with a 10% maximum driveway slope, the retaining walls would need to be substantially higher and longer, and it would have the feel of an undesirable 'tunnel effect'.

The Applicant had extensive discussions with Town professional staff throughout 2018, at which Mr. Holt was present at least on some of the occasions, where the grade was extensively discussed, and it the Applicant's understanding that the Director of Technical Services/Town Engineer agreed that the driveway grade would be acceptable so long as the existing grade was not increased." As discussed in previous submissions, the Applicant proposes to substantially reduce the existing grade at the entrance as requested from 14% to 5%, and the grade does not violate any applicable

regulations. As also previously submitted, the existing driveway was used for institutional uses for at least 60 years.

Comment No. 3

The Applicant indicates the proposed driveway improvements do not impact the historic nature of the road. PDE defers to the Town on this matter.

Response No. 3

So noted. The Applicant trusts the Town will concur that a minor widening of approximately 2 inches along a roadway length of only 37 feet and the requested driveway entrance improvements will not be perceptible relative to the character of the roadway.

Comment No. 5

As noted previously, the actual daily trips can be confirmed with the traffic monitoring study to be performed by the Applicant as part of the Transportation Management Plan. The finalized version of the Transportation Management Plan should be a condition of Site Plan Approval that will need to be deemed acceptable by the Director of Technical Services.

Response No. 5

The Applicant previously submitted the proposed Transportation Management Plan, as an agreed condition of approval which includes traffic and parking monitoring, and will consider any requested modifications which may be requested by the Director of Technical Services.

Comment No. 8

The Applicant has provided an updated Driveway Improvement Plan that demonstrates that the 20-foot traveled way can be provided with minor additional widening along the west side of Quaker Ridge Road immediately south of the site driveway, as well as the removal of overburden as previously indicated. The Applicant will need to provide a Construction Plan to formally identify how the 20-foot width will be achieved in this area and to what extent the pavement will need to be replaced and/or repaired. This Plan should be prepared as part of the Site Plan Approval Process to confirm whether there would be any impact or modification to the historic characteristics of the roadway.

Response No. 8

The enclosed Quaker Ridge Road Improvement Plan has been prepared as requested by Ralph G. Mastromonaco, PE, PC. The plan confirms that there would not be a perceptible impact to the historic characteristics of the roadway resulting from the minor improvements.

Comment No. 9

The Applicant provided additional truck turning templates in the plan set dated revised February 27, 2019. The additional truck turning templates illustrate an SU-30 and SU-40 truck entering and exiting the site driveway to/from Quaker Ridge Road to the north. These turning templates indicate that the maneuver may be very difficult to accomplish, especially for the SU-40 and there would significant vehicle overhang on the south side of the site driveway. Additionally, these vehicles would need to fully encroach into the oncoming lane of traffic on Quaker Ridge Road in order to exit the site. This may create an unsafe condition and the Applicant may need to closely coordinate these delivery trips and provide temporary traffic control on Quaker Ridge Road to avoid potential vehicular conflicts.

Response No. 9

Although the Applicant has already committed to the condition of including in its Transportation Management Plan its directing delivery vehicles to travel to and from the south, the Applicant will augment the Transportation Management Plan to also include a condition that, in the event that a delivery vehicle needs to exit the site and travel north along Quaker Ridge Road, the Applicant will utilize on-site security personnel to provide traffic control to advise drivers along Quaker Ridge Road of the movement of the delivery vehicle and to assist the vehicle in making the turn safely.

Comment No. 11

The Applicant indicates the visitor parking spaces will be made available to staff on weekdays and visitors on weekends, when staffing is reduced. A portion of the visitor spaces should be remain reserved on weekdays for operational-type visitors.

As noted previously, a Parking Monitoring Study will be part of the Transportation Management Plan. The finalized version of the Transportation Management Plan should be a condition of Site Plan Approval that will need to be deemed acceptable by the Director of Technical Services. At a minimum, the Parking Monitoring Study should be performed at the following thresholds:

- Initial occupancy of the facility
- 50% occupancy of the facility
- 75% occupancy of the facility
- 100% occupancy of the facility (and for two years thereafter)

If the parking demand at any of these thresholds indicates that the parking supply to be provided is (or will be) deficient then the Applicant will need to come back before the Planning Board to demonstrate how the land-banked parking necessary to meet the parking demand will be accommodated from an engineering and environmental standpoint (no engineering detail currently provided for the land-banked parking areas). The additional impacts associated with the land-banked area(s) will need to be considered cumulative to the original impacts to determine State Environmental Quality Review Act (SEQRA) implications.

Response No. 11

Three such proposed visitor spaces are shown on the previously submitted Driveway Improvement Plan. The spaces are conveniently located adjacent to the proposed ADA spaces in the vicinity of Building #1.

The Applicant will provide the Parking Monitoring Study at the suggested thresholds as part of the Transportation Management Plan, required as a condition of approval as agreed by the Applicant. As noted in prior letters, including our letter dated 3/21/2019, the Applicant is requesting a parking waiver, not "land-banked" spaces as referenced in the comment. Significantly, no such additional spaces are proposed or anticipated. However, the Applicant understands that Planning Board approval would be required in the unexpected event that, based on the agreed and required parking monitoring, additional parking is necessary, as referenced on the previously submitted Additional Parking Plan In Support Of The Parking Count Waiver, as requested by Town staff. Moreover, if any additional spaces are desired by the Applicant or Town based on actual future operations, the number of spaces would likely be 10 or fewer spaces based on the information previously submitted in support of the requested waiver. Thus, under these circumstances, it is the Applicant's position that any review and approval of future spaces would be a separate new Planning Board application for an amended site plan approval, and any relatively minor SEQRA impacts would be addressed at that time. Regardless, the 10 or fewer spaces would not be expected to have significant cumulative SEQRA implications, even if considered relative to the proposed action. The 10 spaces could be provided on the north side of the roadway, as depicted in the Additional Parking Plan, in an already cleared/developed area adjacent to Building #1 with relatively minor disturbance, including a short retaining wall to minimize disturbances, and likely a drywell for stormwater. No sensitive environmental features, such as trees, steep slopes, wetlands or wetland buffers would be affected.

We are willing to discuss our various responses if desired.

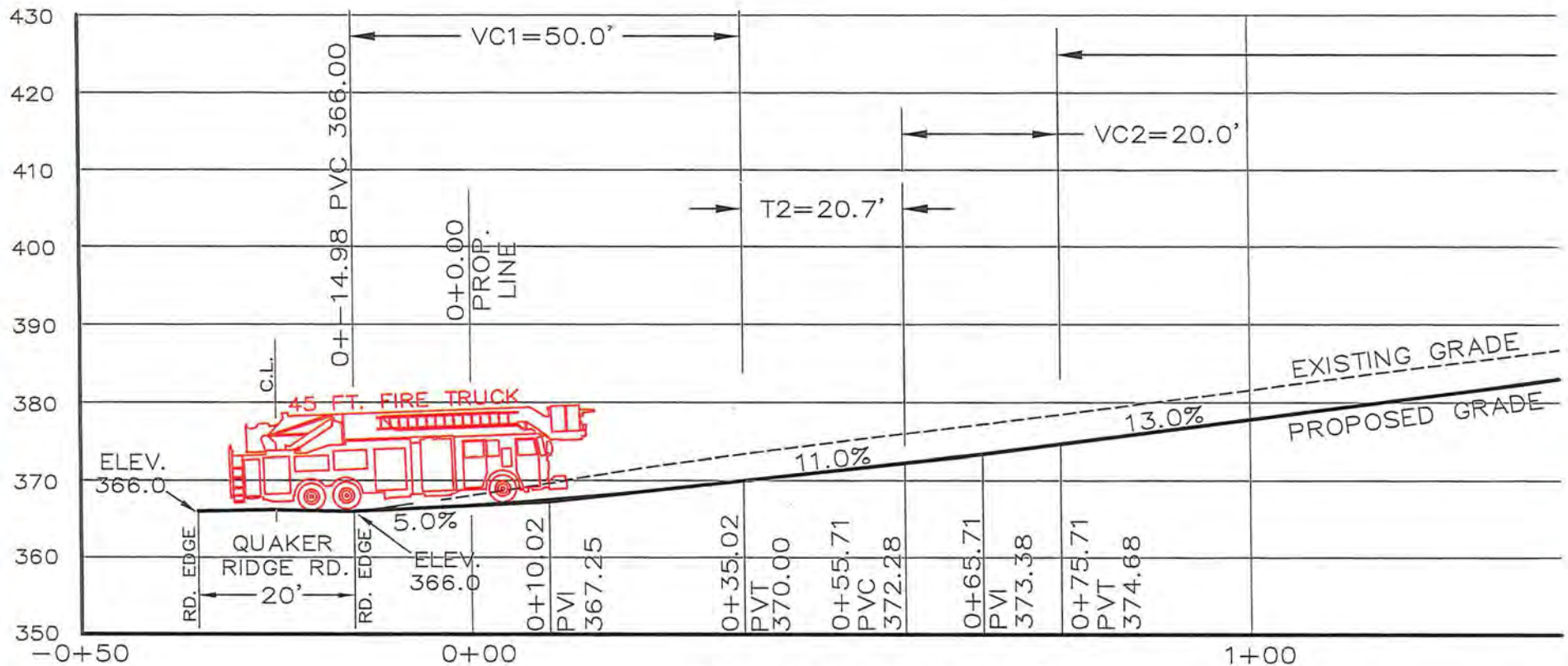
Sincerely,

JMC Planning Engineering Landscape Architecture & Land Surveying, PLLC



Richard J. Pearson, PE, PTOE
Senior Associate Principal

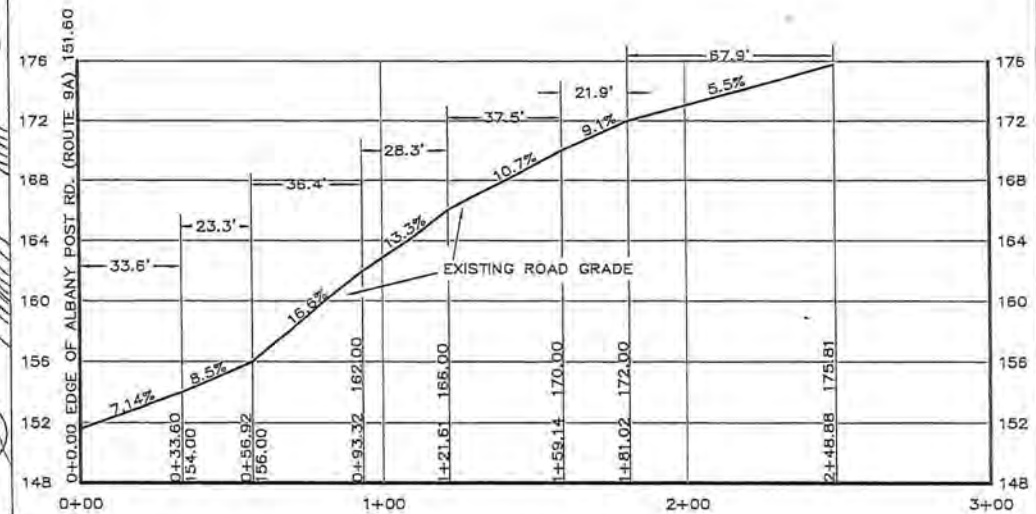
cc: David Douglas, Chairman and Members of the Town of Cortlandt Zoning Board of Appeals
Mr. Steve Laker
Robert Davis, Esq.
Mr. Ralph Mastromonaco, PE



ENTRANCE DRIVEWAY PROFILE
13% MAX. GRADE
SCALE: HOR. 1" = 20'
VER. 1" = 20'

RALPH G. MASTROMONACO, P.E., P.C.
Consulting Engineers
13 Dove Court, Croton-on-Hudson, New York 10520
(914) 271-4762 (914) 271-2820 Fax

45 FT. FIRE TRUCK APPROACH
HUDSON RIDGE WELLNESS CENTER
LOCATED AT
2016 QUAKER RIDGE RD
TOWN OF CORTLANDT
WESTCHESTER CO., NY
APRIL 25, 2019

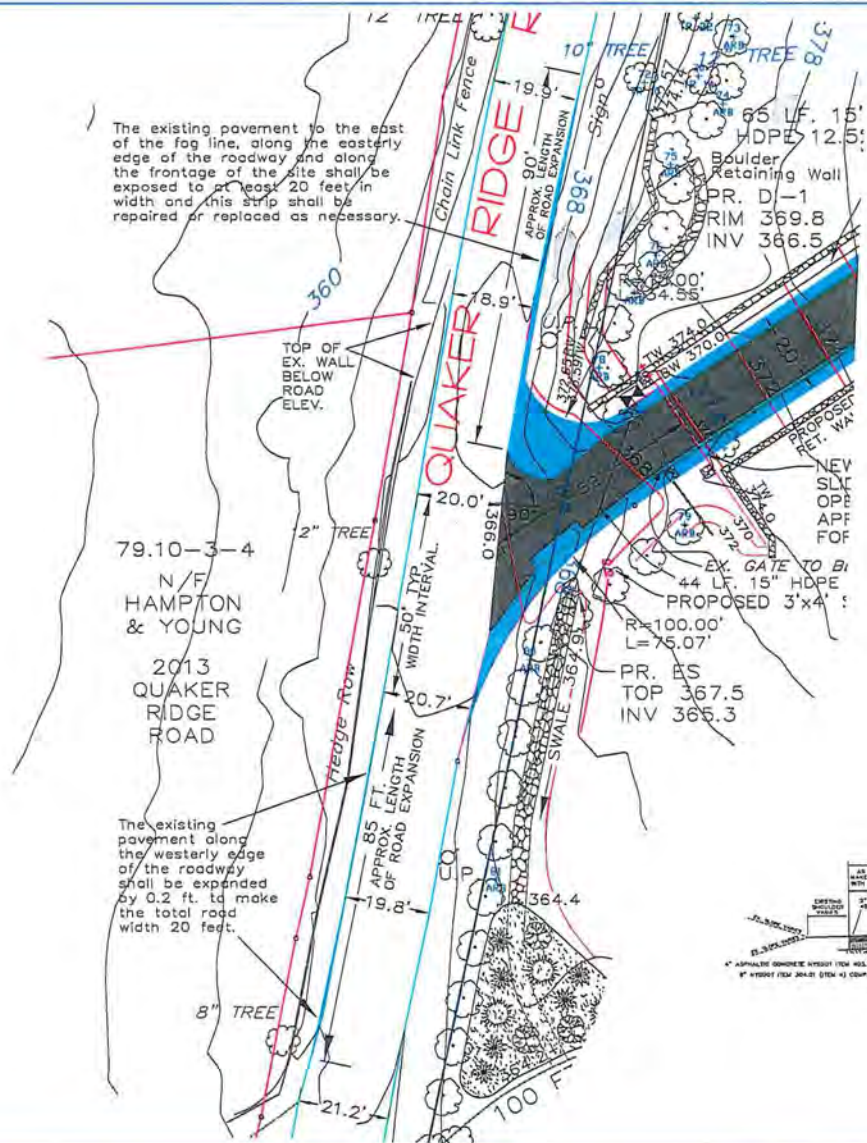


ROAD PROFILE
SPRINGVALE ROAD
SCALE: HOR. 1"=40'
VER. 1"=8'

RALPH G. MASTROMONACO, P.E., P.C.
Consulting Engineers
13 Dove Court, Croton-on-Hudson, New York 10520
(914) 271-4762 (914) 271-2820 Fax



EXISTING
ROAD GRADE EXHIBIT
SPRINGVALE ROAD
TOWN OF CORTLANDT
WESTCHESTER CO., NY
APRIL 24, 2019

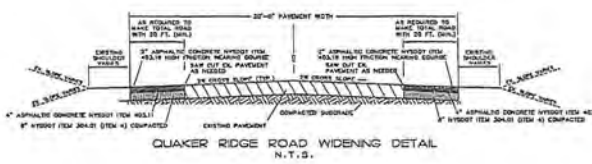


The existing pavement to the east of the fog line, along the easterly edge of the roadway and along the frontage of the site shall be exposed to at least 20 feet in width and this strip shall be repaired or replaced as necessary.

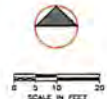
79.10-3-4
N/F HAMPTON & YOUNG

2013 QUAKER RIDGE ROAD

The existing pavement along the westerly edge of the roadway shall be expanded by 0.2 ft. to make the total road width 20 feet.



VICINITY MAP



LEGEND

EXISTING	PROPOSED	DESCRIPTION
○	○	CATCH BASIN
○	○	DRAIN MANHOLE
○	○	SEWER INLET
○	○	HEADWALL
○	○	SEWER MANHOLE
○	○	MONUMENT
○	○	LINEAL
○	○	CONTOUR LINE
○	○	SPOT ELEVATION
○	○	DRILLED WELL

RALPH G. MASTROMONACO, P.E., P.C.
Consulting Engineers
13 Davis Court, Cortlandt-on-Hudson, New York 10522
(914) 271-4742 (914) 271-2820 Fax

QUAKER RIDGE ROAD IMPROVEMENT PLAN
PREPARED FOR
HUDSON RIDGE WELLNESS CENTER
LOCATED AT
2016 QUAKER RIDGE RD
TOWN OF CORTLANDT
WESTCHESTER CO. NY
APRIL 25, 2019
SHEET 8 OF 8 SHEETS

SUB-APPENDIX B-4

EXHIBIT 4

PLANNING BOARD MEETING - JUNE 4, 2019

INTRODUCTION

1. Good evening. I am Bob Davis, attorney for the Applicant.
2. Since we have not appeared before you since the January meeting, I would like to review what has transpired over the last few months, which has been quite substantial and significant.
3. You will recall that at the December meeting, our hydrogeologist gave a powerpoint presentation regarding the extensive well pump testing we performed last August, which clearly demonstrated that the proposed use will have no significant adverse impact on off-site wells. The Town's hydrogeologist agreed.
4. At the January 8 meeting, our traffic engineer gave a powerpoint presentation with respect to traffic matters, including the substantial mitigation measures we have incorporated into the application, which demonstrated that the proposed use will have no significant adverse traffic impacts. While the Town's consultant raised some relatively minor technical matters at that meeting, a number of which had already been addressed and the others which have subsequently been addressed, he has not disagreed with the basic premise that there will be no significant adverse traffic impacts.
5. On January 10, in response to the January 3 submission of the neighbors' counsel, we submitted our detailed analysis under the SEQRA Regulations, which addressed the SEQRA criteria for a determination of significance. Employing those criteria, we demonstrated that the proposed action will have no significant adverse environmental impacts and that therefore, we're entitled to a Negative Declaration or a Conditioned Negative Declaration under SEQRA.
6. On January 25, we received the two approvals for the proposed hospital use required from the Westchester County Health Department:
 - (1) Approval of the water supply system, which was based upon and incorporated the Health Department's prior approval of the Applicant's water demand calculations, which accordingly were incorporated in our well pump testing and

(2) Approval of our state-of-the-art septic system, which will replace most of the old existing system and be much more protective of the environment.

7. On February 5, we responded to another letter of the neighbors' counsel, dated February 1, and we addressed what, in our opinion, represent only some spurious last ditch efforts to derail the application after seeing that we have clearly demonstrated a lack of significant adverse environmental impacts.
8. The focal point of opposing counsel's February submission however, was the report of the neighbors' new hydrogeologist critiquing our well pump test protocol, which had been approved by Town staff and its hydrogeological consultant.
9. On February 26, our consultants submitted their detailed report refuting each and every comment of the neighbors' new consultant. To buttress that response, on March 6, we submitted an additional report from our consultant confirming that as conditions of approval, we have agreed to conduct an extensive post-approval well monitoring program with respect to the off-site wells and in addition, we will monitor and submit monthly operation reports of water usage to the County Health Department and the Town.
10. On April 11, the Town's hydrogeological consultant submitted his report discussing his review of the neighbors' consultant's report and our two reports in response. The Town's consultant, once again, confirmed our reports, and found no merit to the comments of the neighbors' consultant.
11. On February 22, the Town's traffic consultant submitted a report updating his comments at the January meeting on our December submission, which were largely technical and non-environmental in nature. Significantly, he did find our daily trip estimates to be acceptable and that they would not have a significant impact on any of the studied area intersections.
12. On March 21, we fully responded to the Town traffic consultant's February comments. We received follow up comments from the Town's consultant on April 16, and we fully addressed those in our response letter of April 25. The Town's consultant advised ours that he is satisfied with our final responses.

13. Significantly on March 18, to buttress our SEQRA analysis we submitted in January demonstrating non-significance under the SEQRA criteria, we submitted a list of no less than **54 stipulated mitigative conditions** of approval which we have incorporated in our application and which, in fact, ensure that there will be no significant adverse environmental impacts caused by the proposed specialty hospital.
14. At the January meeting, the Board suggested that since this has been such a long process, with so many submissions, in order to accommodate more efficient review by the Board and the public, we should consolidate those submissions in a “user friendly” manner. We have done just that. On March 28, we submitted a voluminous four-volume set of our prior submissions, with a fully updated version of the environmental analysis we had originally submitted in July 2015. These volumes include our very strong SEQRA significance analysis I mentioned, as well as the 54 stipulated conditions, and all of the other items we have submitted, including detailed responses to every single public comment since the outset of this process in 2015.
15. In their February 1 submission, neighbors’ counsel raised, for the first time, the issue of whether the proposed use actually constitutes a permitted hospital use under the Town Zoning Code. This question was raised for the first time after **four years** of extensive public review before the Zoning and Planning Boards, which even included two litigations.
16. As a result, at its February meeting, the Planning Board asked for advice on this “threshold” issue, even though we are far beyond the threshold of this matter.
17. On March 21, the Code Enforcement Officer rendered a memo to the Board stating his patently erroneous opinion that the proposed specialty hospital was not, in fact, a permitted hospital, based on his **demonstrably false premise** that the use is primarily “custodial care” and not “medical care”.
18. We completely refuted that erroneous opinion in my comprehensive submission of April 23, which was accompanied by reports of our two expert hospital consultants, and the overwhelming applicable laws, regulations and facts.

19. There can be no legitimate question whatsoever that the primary purpose of the proposed specialty hospital is the medical and healthcare and treatment of those suffering from the disease of addiction.
20. Putting aside the inarguable facts and numerous legal grounds we have explained which demonstrate this is a permitted hospital, perhaps first and foremost, this is a matter of **common sense**. We have a main hospital building which was built, designed and used for some 30 years for the very purpose of the same type of addiction treatment hospital for which the Applicants will use it. It is currently configured with hospital rooms and office spaces, and after renovation, will continue to be. It will be occupied by doctors, nurses, psychologists and other medical and behavioral health care professionals. Indeed, there will be some 42 such health care professionals to serve the projected initial population of some 42 patients. The hospital-type rooms in the building will be occupied by those patients, who are suffering from a disease, for which they will be treated by health care professionals. The ancillary buildings will be utilized for the same purposes. The operation will be strictly regulated as a medical facility treating substance abuse issues under the State Mental Hygiene Law and require licensure thereunder by the State Office of Alcohol and Substance Abuse Services known as "OASAS". Patient medical insurance will be accepted. Obviously, this is a medical use, not merely "custodial care".
21. Thus, we requested in our April submission on this issue that in consultation with Town Attorney Wood, the Code Enforcement Officer, in light of many dispositive legal and factual matters of which he apparently was not previously aware or misunderstands, change his opinion accordingly.
22. However, on May 16th, the Code Enforcement Officer issued a second memo, declining to change his prior Opinion. In fact, he added a second incorrect determination that the State road frontage variance we require is a use variance, not an area variance. His second memo completely failed to address any of the numerous points we made in our April 23rd submission. **In 40 years of practicing zoning law, I have never seen a more egregiously wrong determination.** It is beyond comprehension that the Code Enforcement Officer has ignored the overwhelming facts and law to the contrary and maintained his erroneous position. We will be refuting his May 16 submission very shortly.

23. Further, his comment on the frontage variance is barred by law. The Zoning Board made a determination in March 2017, over 2 years ago, that the variance is an area variance. Notwithstanding the Code Enforcement Officer's assertion that the Board lacked jurisdiction, which he has no authority to make, the State Town Law provides that on an application for a special permit or a site plan, both of which we have here, the Applicant can go directly to the Zoning Board without the necessity of a determination by the Code Enforcement Officer or an appeal.
24. The Code Enforcement Officer's statement that the Zoning Board's determination on that issue is not final is also incorrect. The Court's dismissal of the neighbors' Article 78 proceeding was not based on the fact that that issue was not finally determined by the ZBA, which it was, but that it was only premature for the neighbors to appeal it until the Board rendered a determination on whether to issue the variance.
25. Since the Zoning Board ruled, the Supreme Court, Westchester County, as well as the Appellate Division, Second Department, in other cases, have both ruled that a variance from a State road frontage requirement is an area variance, not a use variance. The Code Enforcement Officer is also bound by those rulings.
26. We have submitted an appeal to the Zoning Board from the Code Enforcement Officer's Determinations and we will first be appearing before the Zoning Board at its June meeting. The facts and law are indisputable. His determination cannot and will not stand.
27. At this juncture, we have done everything asked of us and much more. Based on the substantial record and proceedings to date, which have demonstrated that the proposed use will not have *any* significant adverse environmental impact, we ask that the Board now proceed with the rendering of a Negative Declaration or at least, a Conditioned Negative Declaration, under SEQRA, either of which could incorporate our 54 conditions, in order that the process may move forward. Thank you.

SUB-APPENDIX B-5

EXHIBIT 5



SINGLETON, DAVIS & SINGLETON PLLC

ATTORNEYS AT LAW

THOMAS J. SINGLETON, 1930-2015
ROBERT F. DAVIS
WHITNEY W. SINGLETON*
ALEXANDER D. SALVATO

* ALSO MEMBER CONNECTICUT & FLORIDA BARS

120 EAST MAIN STREET
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December 17, 2020

Via E-Mail and Federal Express

Hon. Loretta Taylor, Chairperson and Members of the Board
Planning Board of the Town of Cortlandt
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe, AICP, Deputy Director, Planning Division

*Re: Hudson Ridge Wellness Center, Inc. and Hudson Education and Wellness Center
2016 Quaker Ridge Road, Town of Cortlandt
January 5, 2021 Planning Board Meeting*

Dear Chairperson Taylor and Members of the Board:

As you know, our firm represents the Applicants, who are seeking a special permit and site plan approval from your Board to operate a specialty hospital to serve patients suffering from substance use disorder. As a reminder, the Applicants are proposing to reuse the existing buildings at the subject property, originally used for similar hospital and other institutional purposes, with no new construction, except the updating of the septic system. The Applicants also require an area variance from the Zoning Board from the State road frontage requirement for hospital special permits. The Planning Board is the Lead Agency under SEQRA with respect to this application.

At the January 5, 2021 meeting, I will update the Board in detail as to where we were in the review process as of our last appearance before the Board on the substance of the application on January 8, 2019.

In short, some four years after the commencement of this application and after two prior litigations, upon receipt of an inquiry in February 2019 from counsel for the neighborhood opposition group as to whether the proposed specialty hospital constitutes a permitted "hospital" use under the Zoning Code, this Board directed that belated question to its professional staff. On March 21, 2019, the Director of Code Enforcement rendered his opinion to the Board that the

Hon. Loretta Taylor, Chairperson and Members of the Board
December 17, 2020
Page 2

proposed use does not constitute a “hospital”. Notwithstanding the substantial written objection of Applicants’ counsel to the contrary, on May 16, 2019, he reiterated that opinion.

Thus, the Board’s review of this application ceased and the Applicants were compelled to appeal the Director’s determinations to the Zoning Board. The Zoning Board proceedings on the Applicants’ appeal lasted from June 2019 until January 2020, when the Zoning Board, by a 3-1 vote in favor of the Applicants, with two members recused and one new member abstaining, set aside the Director’s erroneous determinations. However, as State law requires 4 votes of the 7-member Zoning Board to effectuate any such approval, the Board’s 3-1 vote was deemed to constitute a “default denial” under the statute. Accordingly, although, the 3-1 majority of the Board voted in favor of the Applicants, the Applicants were compelled to bring an Article 78 proceeding against the Board to set aside its “default denial” and the Director’s determinations.

On September 24, 2020, the Supreme Court, Westchester County ruled emphatically and conclusively in favor of the Applicants, holding that the proposed use is clearly a permitted “hospital” under the Zoning Code and directing the Zoning Board to render a Decision and Order in accordance with the Court’s directive. A copy of the Court’s Decision Order & Judgment is enclosed herewith. Accordingly, the application may now proceed before the Planning Board.

At the point of interruption of this Board’s review, 1½ years ago, after exhaustive analysis, the Applicants had been determined by the Town’s hydrogeological and traffic consultants, respectively, to have satisfactorily addressed all relevant issues in demonstrating the lack of any significant adverse impacts either on off-site wells or traffic, the two primary issues raised by the public. Accordingly, the Applicants requested that the Board proceed to render its SEQRA determination, specifically a Negative Declaration or Conditioned Negative Declaration. In support of that request, on January 10, 2019, the Applicants submitted to the Board a detailed analysis of the proposed use *vis a vis* the SEQRA criteria for a determination of significance – demonstrating there would be no significant adverse environmental impacts. In addition, the Applicants submitted as part of their application, a list of 54 positive and mitigative aspects of its prospective hospital operations, including special accommodations for the Town and Town residents, which would not only further ensure there would be no significant adverse environmental impacts, but that there will be significant positive impacts, and which the Applicants proposed as conditions of approval.

On March 28, 2019, as the Board had requested in order to facilitate its efficient and thorough review, the Applicants submitted a 4-volume set consolidating all prior submissions, with a fully updated version of its environmental analysis and its responses to all public comments.

Hon. Loretta Taylor, Chairperson and Members of the Board
December 17, 2020
Page 3

Thereafter, in April 2019, the Town's Traffic Consultant submitted his final comments, to which the Applicants fully responded. Given the passage of time since these submissions, we respectfully request that Board and staff review same, with the intent of moving expeditiously forward subsequent to the January 5, 2021 meeting with the previously requested SEQRA determination.

Thank you for your consideration.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Robert F. Davis", written in a cursive style.

Robert F. Davis

RFD:dds
Enclosure

c: Steven Laker (via e-mail)
Richard Pearson (via e-mail)
Robert Peake (via e-mail)
Thomas Cusack (via e-mail)
Karen Destefanis (via e-mail)
Ralph Mastromonaco (via e-mail)

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF WESTCHESTER

-----X
In the Matter of the Application of
HUDSON RIDGE WELLNESS CENTER, INC., and
HUDSON EDUCATION AND WELLNESS CENTER,

Petitioners,

DECISION
ORDER & JUDGMENT

Index No. 1167/20

- against -

ZONING BOARD OF APPEALS
OF THE TOWN OF CORTLANDT,

Respondent,

-----X
CACACE, J.

The following papers, numbered one (1) through ten (10) were read on this petition for relief brought pursuant to article 78 of the Civil Practice Law and Rules (CPLR):

Papers Numbered

Notice of Verified Petition	1
Verified Petition - Exhibits	2
Memorandum of Law	3
Affirmation in Opposition	4
Affidavit in Opposition	5
Memorandum of Law in Opposition	6
Answer	7
Reply Affirmation	8
Sur-Reply Affirmation	9
Sur-Sur-Reply Affirmation	10

Upon the foregoing papers, it is decided, ordered and adjudged that the instant petition for relief brought pursuant to article 78 of the CPLR is resolved as follows:

Procedural History and Factual Findings

The record presented reflects that the events relevant to this proceeding began with the implementation of measures by the petitioners, Hudson Ridge Wellness Center, Inc., and Hudson Education and Wellness Center, to develop an approximately 20.8 acre lot located at 2016 Quaker Ridge Road, designated on the Town of Cortlandt Tax Map as Section 79.11, Block 1, Lot 18 (hereinafter, the project site), upon which improvements exist in the form of seven buildings previously associated with the original use of the property as a specialty hospital, denoted as a sanitarium in Town of Cortlandt property records, between approximately 1920 and 1948. Specifically, the petitioners are seeking to operate a new private specialty hospital upon the project site which would provide residential substance use disorder/chemical dependency treatment for a maximum of 92 patients (hereinafter, the proposed project). In pursuit of their rehabilitation and development of the project site, the petitioners sought site plan approval regarding same from the Planning Board of the Town of Cortlandt (hereinafter, Planning Board), which, incident thereto, undertook a review of the potential environmental impacts of the proposed project pursuant to SEQRA. In connection with its review, the Planning Board made a formal request of the Town of Cortlandt's Department of Technical Services (DOTS) on February 5, 2019, seeking a zoning opinion concerning whether the proposed project would constitute a "hospital" under the Code of the Town of Cortlandt (hereinafter, the Town Code), and if so, whether the operation of such a "hospital" would require frontage on a "main road".

Acting pursuant to the Planning Board's zoning opinion request, Martin G. Rogers, the Director of Code Enforcement of the DOTS (hereinafter, DCE Rogers), issued a written

determination, dated March 21, 2019, which concluded that the proposed project would not provide for the use of the project site as either a "hospital" or a "specialty hospital", but rather would constitute use as a "rehabilitation center" which is not a permitted use within the R-80 Zone encompassing the project site pursuant to §§ 307-14 and 307-15 of the Town of Cortlandt Table of Permitted Uses, and further declined to render a determination regarding any requirement of "main road" frontage for the proposed project. For reasons not clearly articulated upon the record, DCE Rogers issued a second written determination, dated May 16, 2019, in response to the Planning Board's zoning opinion request of February 5, 2019, through which he adhered to his earlier conclusion that the proposed project would not provide for the use of the project site for the operation of either a "hospital" or a "specialty hospital", but rather would provide for its use as a "rehabilitation center", and proceeded to render his further determination that Town Code § 307-59(B)(9) required that the proposed project have frontage upon a state road (hereinafter, DCE Rogers' determinations).

In response to DCE Rogers' determinations, the petitioners brought an application before the respondent Zoning Board of Appeals of the Town of Cortlandt (ZBA) for an interpretation of the Town Code in relation to those determinations based upon their contention that same were incorrect *en toto* (hereinafter, the underlying application), leading the respondent ZBA to conduct public hearings upon the underlying application on June 19, 2019, August 21, 2019, September 18, 2019 and October 16, 2019, when the public hearing was formally closed. As reflected in the certified minutes of its meeting on January 15, 2020, the respondent ZBA commenced its consideration of the underlying application by first announcing that two of its seven members, Frank Franco and Thomas Walsh, had recused themselves from participating in any vote upon

the underlying application. Immediately thereafter, Chairman David S. Douglas proceeded to marshal the evidence adduced in connection therewith upon the record, drawing from a draft Decision and Order (hereinafter, the draft D&O) which the respondent ZBA had prepared in advance of that meeting. As published therefrom, the respondent ZBA framed the question raised through the underlying application as an issue of whether the proposed use of the project site should be properly defined as the operation of a "hospital", which would be capable of being permitted upon the approval of applications for a special permit and an area variance, or whether that proposed use should be properly defined as a "rehabilitation center", which would be capable of being permitted upon the approval of an application for a use variance.

As further reflected in the certified minutes of the meeting of January 15, 2020, Chairman Douglas stated that the respondent ZBA first sought to define "hospital" through examination of the Town Code, but noted that the absence there of such a definition had ultimately lead to its reliance upon the Standard Industrial Classification Manual (SIC) for guidance regarding the question of whether the proposed project should properly be defined pursuant to § 8069 of the SIC which defines "Specialty Hospitals", or should more properly be defined pursuant to § 8361 of the SIC which defines "Residential Care". In connection therewith, Chairman Douglas again referenced the draft D&O and recited the definition of "Specialty Hospitals" provided by § 8069 of the SIC, and related that the given examples of same therein included both "alcoholism rehabilitation hospitals" and "drug rehabilitation hospitals". Again drawing from the draft D&O, Chairman Douglas next recited the definition of § 8361 of the SIC, and related that the given examples of same therein included both "alcoholism rehabilitation centers, residential; with health care incidental" and "drug rehabilitation centers, residential; with healthcare incidental".

After having recited these definitions, Chairman Douglas stated that the respondent ZBA had determined that the ultimate issue for its resolution turned upon whether the adduced evidence demonstrated that the health care services to be rendered through the proposed project should properly be characterized as being merely incidental to the primary care provided, or should otherwise properly be characterized as being more than incidental to such provided care.

Chairman Douglas then stated that the adduced evidence which related to the type/nature of the health services to be administered pursuant to the proposed project, had supported the conclusion that the proposed project is a "hospital" within the meaning of § 8069 of the SIC. In support of this conclusion, Chairman Douglas proceeded to summarize the adduced evidence set forth within the draft D&O relating to the type/nature of the health services to be provided to patients who were being treated at the proposed project facility.

Specifically, reading from the draft D&O, Chairman Douglas related that the services to be provided to patients admitted to the proposed project facility would be in the nature of those medical treatment and care services traditionally provided by a hospital subsequent to the detoxification and stabilization of a person suffering from an acute substance abuse issue. In this regard, Chairman Douglas further related that the proponents of the proposed project had demonstrated that persons admitted thereto would require 24-hour medical treatment and care, which would be provided by no less than 2 medical doctors and 15 nurses, among other psychologists, social workers, counselors and technicians, all of whom would be responsible for administering treatment for physical needs related to internal medicine and addictionology, as well as psychiatry and psychology. In terms of the nature of the medical treatment to be administered through the proposed project to admitted patients, Chairman Douglas related that

the adduced evidence had established that such medical treatment and care would be central to the services provided, rather than merely incidental thereto, as these medical treatment and diagnostic services would be the same as those provided by traditional hospitals. In terms of the nature of the persons admitted to the proposed project facility for treatment and care, Chairman Douglas reflected upon the adduced evidence and stated that these persons would exclusively be sufferers of substance abuse disorder who would continue to receive diagnostic assessments, routine drug testing, physical and mental health examinations, prescribed medication treatment regimens, and other associated medical and psychiatric during their anticipated 28-45 days of in-patient treatment at the proposed project facility. After marshaling much of the evidence adduced in connection with the underlying application, as considered in light of the applicable statutory and case law, Chairman Douglas submitted that the proponents of the proposed project had successfully demonstrated that it meets the definition of a "hospital", and that the underlying application should be granted to the extent that DCH Rogers' determinations should properly be reversed and set aside.

Having completed his summarization of the draft D&O, Chairman Douglas indicated that prior to calling upon the members of the respondent ZBA to enter their respective votes upon the underlying application, he would first solicit comments from them. Initially, Cristin Jacoby announced that she would be abstaining from a vote upon the underlying application due to her absence from all public hearings conducted in connection therewith. Having received no comments from any other members of the respondent ZBA, Chairman Douglas advised that he wished to be heard further and proceeded to address his fellow ZBA board members. Notably, Chairman Douglas stated that he agreed with the draft D&O's analysis regarding the applicability

of the SIC to the definition of "hospital", and that he concurred with much of the content and findings outlined in the draft D&O based thereupon, yet stated that he intended to vote against the underlying application. Indeed, after submitting his several statements of concurrence with the draft D&O, Chairman Douglas proceeded to offer an explanation for his stated intention to vote to deny the underlying application based upon his feeling that the proposed project "falls more readily under SIC Code 8361 which covers residential care". Specifically, Chairman Douglas stated that he felt that the medical treatment to be provided pursuant to the proposed project is "incidental" to the primary care provided, as he submitted his belief that the residential upkeep of recovering patients subsequent to their detoxification would primarily be provided by nurses and social workers. Continuing, Chairman Douglas submitted that the presence of doctors doesn't establish that the proposed project would involve the operation of a hospital, as he stated that doctors provide medical care in many settings other than hospitals, as do care providers such as nurses, psychologists, social workers, counselors and technicians, whom he believed to routinely administer medication and perform diagnostic assessments, drug testing, mental/physical examinations and counseling in non-hospital settings. Upon these beliefs, Chairman Douglas submitted his opinion that the proposed project facility seemed to him to be more akin to what he characterized as "non-hospital healthcare facilities", referencing both a hospice and a residence for people with dementia as examples, rather than hospitals. Finally, Chairman Douglas stated that the adduced evidence concerning the Medication Assisted Treatment (MAT) to be offered to persons admitted to the proposed project facility, supported his view that such treatment constituted a "step-down" from the actual medical intervention provided to patients since MAT does not need to be provided in a hospital, or by doctors.

Chairman Douglas' remarks were followed by a motion brought by Wai Man Chin, Vice Chairman of the respondent ZBA, supporting the adoption of the draft D&O, as submitted and published by Chairman Douglas. Vice Chairman Chin's motion to approve the draft D&O was followed by a poll of the members of the respondent ZBA, which reflected votes in support of the motion by members Adrian C. Hunte and Eileen Henry, an abstention from the vote by member Cristin Jacoby, and a vote against the motion by Chairman Douglas. Upon the recording of the votes registered by the four voting members of the respondent ZBA, the tabulation of same by Assistant Town Attorney Joshua Subin reflected a total of 3 votes registered in favor of Vice Chairman Chin's motion to adopt the draft D&O, and a total of 1 vote registered in opposition thereto, leading Mr. Subin to announce that since the registered vote totals reflected the absence of a voting quorum of the respondent ZBA, the underlying application was deemed to have been denied and DCE Roger's determinations would remain in effect (hereinafter, the challenged determination).

The instant litigation ensued, as the petitioners commenced this hybrid article 78 proceeding/declaratory judgment action in an effort to overturn the challenged determination made by the respondent ZBA through its default denial of Vice Chairman Chin's motion to approve the draft D&O which had represented the proposed approval of the petitioners' challenge to DCE Rogers' determinations. By a verified petition, the petitioners brought the instant hybrid proceeding for a judgment pursuant to article 78 of the CPLR and declaratory relief pursuant to CPLR 3001, in an effort to challenge and overturn the respondent ZBA's failure to approve its own draft D&O by a voting quorum which is required by Town Law § 267-a(13) for the adoption of same, which specifically seeks an order of this Court: (1) reversing,

annulling and setting aside the challenged determination upon allegations that same was arbitrary and capricious, an abuse of discretion, contrary to substantial evidence and contrary to law, and (2) declaring that the petitioners' proposed establishment of a specialty residential drug abuse treatment facility on the project site does constitute the operation of a "hospital" within the meaning of the Town Code, and further directing that the draft D&O be given full force and effect as if it had been validly approved.

Legal Analysis

At the outset, the Court notes that although the challenged determination of the respondent ZBA to deny the petitioners' application for an "interpretation" - seeking to overturn DCE Rogers' determinations - was supported by the registered vote of merely 1 of the 4 voting members of the respondent ZBA, the resulting failure of a majority of its 7 members to register votes in support of Vice Chairman Chin's motion to approve the draft D&O constituted a denial of the petitioners' application and, in effect, an approval of DCE Rogers' determinations (*see* Town Law § 267-a[13][b]; *see also* *London v Zoning Bd. of Appeals of Town of Huntington*, 49 AD3d 739, 740, *lv. denied* 10 NY3d 713). When the respondent ZBA undertook to consider the petitioners' application for an "interpretation" regarding DCE Rogers' determinations, it was acting with the authority to make such an "interpretation or determination as in its opinion ought to have been made in the matter" by the Code Enforcement Division of the Town of Cortlandt in the first instance (*see* Town Law § 267-b[1]; *see also* *Matter of BBJ Assoc., LLC v Zoning Bd. of Appeals of Town of Kent*, 65 AD3d 154, 159). Pursuant to that express authority, the respondent

ZBA rendered the challenged determination, which, in effect, served to approve DCE Rogers' determinations that the petitioners' proposed establishment of a specialty residential drug abuse treatment facility on the project site does not constitute the operation of a "hospital" within the meaning of § 307-59(B)(9) of the Town Code.

In this regard, it is generally understood that a determination made by a zoning board of appeals may not be set aside by a reviewing court considering a challenge raised pursuant to article 78 of the CPLR unless that board's decision is arbitrary and capricious, lacks a rational basis, or constitutes an abuse of discretion (*see Matter of Lucas v Bd. of Appeals of Vil. of Mamaroneck*, 109 AD3d 925; *see also Matter of Fuentes v Planning Bd. of Vil. of Woodbury*, 82 AD3d 883). More specifically, where the challenge relates to the legal interpretation of a term of a zoning ordinance as it is applied to a particular property, the zoning board's interpretation shall not be set aside unless found to be unreasonable or irrational (*see Pecoraro v Board of Appeals of Town of Hempstead*, 2 NY3d 608, 613; *see also Matter of Frishman v Schmidt*, 61 NY2d 823, 825; *Matter of Conti v Zoning Bd. of Appeals of Vil. of Ardsley*, 53 AD3d 545, 547; *Matter of Falco Realty, Inc. v Town of Poughkeepsie Zoning Bd. of Appeals*, 40 AD3d 635, 636; *Matter of Arceri v Town of Islip Zoning Bd. of Appeals*, 16 AD3d 411, 412). In this regard, although a zoning board's interpretation of its zoning ordinance is generally entitled to great deference (*see Matter of New York Botanical Garden v Board of Stds. & Appeals of City of N.Y.*, 91 NY2d 413, 419; *see also Matter of Louchheim v Zoning Bd. of Appeals of Town of Southampton*, 44 AD3d 771), its interpretation "is not entitled to unquestioning judicial deference, since the ultimate responsibility of interpreting the law is with the court" (*Matter of Baker v Town of Islip Zoning Bd. of Appeals*, 20 AD3d 522, 523; *see Matter of Ogden Land Dev., LLC v Zoning Bd. of*

Appeals of Vil. of Scarsdale, 121 AD3d 695, 696).

Furthermore, where, as here, the courts are called upon to review a zoning board's exercise of its appellate authority in relation to a zoning code interpretation made by a zoning enforcement official pursuant to the jurisdictional authority conferred by Town Law § 267-a(4), this Court remains mindful that zoning ordinances exist in derogation of the common law and, thus, must be strictly construed in favor of the owner whose land is being regulated (*see Matter of La Russo v Neuringer*, 105 AD3d 743; *see also Matter of Sanantonio v Lustenberger*, 73 AD3d at 934; *Matter of Mamaroneck Beach & Yacht Club, Inc. v Zoning Bd. of Appeals of Vil. of Mamaroneck*, 53 AD3d 494, 498), and any ambiguity in the zoning ordinance under review must be resolved in favor of the property owner (*see Albany Basketball & Sports Corp. v City of Albany*, 116 AD3d 1135, *lv. denied* 23 NY3d 907; *Matter of Subdivisions, Inc. v Town of Sullivan*, 92 AD3d 1184, 1185; *Incorporated Vil. of Saltaire v Feustel*, 40 AD3d 586).

Consequently, as the Court's review of the challenged determination rendered by the respondent ZBA reveals that the basis upon which DCE Rogers relied when he determined that the petitioners' proposed establishment of a specialty residential drug abuse treatment facility on the project site does not constitute the operation of a "hospital" within the meaning of § 307-59(B)(9) of the Town Code, as echoed by Chairman Douglas when he registered his vote in opposition to the adoption of the draft D&O, was the application of the definition of a "hospital" pursuant to the 1987 edition of the Occupational Safety and Health Administration's Standard Industrial Classification (SIC) Manual. In this regard, it is noted that such reliance was compelled by the absence of a definition of "hospital" within either Town Code § 307-4, entitled "Definitions", or Town Code § 307-59, entitled "Hospitals or nursing home". Specifically, this

application of the SIC is properly drawn from Town Code § 307-4, which provides that any terms not defined therein (or within the unavailing New York State Uniform Fire Prevention and Building Code) may properly be given the meaning provided within the SIC Manual, and by Town Code § 307-14, entitled, "Content of Table of Permitted Uses", which also directs that such definition be drawn from the SIC. As both DCE Rogers' determinations and the respondent ZBA's challenged determination permissibly drew their applied definition of "hospital" from the SIC, the Court first notes that § 8069 of the SIC, entitled "Specialty Hospitals", defines same as "[e]stablishments primarily engaged in providing diagnostic services, treatment, and other hospital services for specified categories of patients", and provides examples including "alcoholism rehabilitation hospitals" and "drug rehabilitation hospitals". In addition, the Court notes that § 8361 of the SIC, entitled "Residential Care", defines same as "[e]stablishments primarily engaged in the provision of residential, social and personal care for children, the aged, and special categories of persons with some limits on ability for self-care, but where medical care is not a major element", and provides examples including "alcoholism rehabilitation centers, residential: with health care incidental", and "drug rehabilitation centers, residential: with health care incidental".

Having applied these SIC-based definitions, the Court notes first that the evidence adduced before the respondent ZBA indicated that the proposed project facility will be designed and staffed to provide medical treatment and related health care services to individuals who suffer from the diseases of alcoholism and/or chemical dependence, primarily subsequent to their detoxification, using a residential substance abuse treatment program model under licensing by the New State Office of Alcoholism and Substance Abuse Services (OASAS) pursuant to Article

32 of the of the Mental Hygiene Law (MHL) and 14 NYCRR Part 820. In connection therewith, the adduced evidence indicated that persons admitted to the petitioners' proposed OASAS-licensed treatment facility (hereinafter, patients) would receive 24/7 medical care and treatment on-site from a staff of medical/health professionals which would include a minimum of 2 medical doctors and 15 nurses, as complimented by an additional team of 2 licensed psychologists and 23 social workers, counselors and technicians, all of whom would implement the individual treatment and recovery plan developed for each patient admitted to the proposed project facility. More specifically, all patients would receive periodic medical assessments and ongoing treatment for medical ailments and chronic diseases, whereas patients determined to be suffering from withdrawal symptoms would be stabilized through the use of "medication-assisted treatment", and patients determined to be suffering from co-occurring mental illness would be treated with "medication therapy" to alleviate the symptoms of same, through the administration of these treatments on a daily basis by a medical doctor, registered nurse or nurse practitioner. Pursuant to the OASAS licensing requirements, the individual treatment and recovery plan developed for each patient would include initial and ongoing drug/alcohol screening, individual counseling, group counseling, family counseling, chemical abuse and dependence awareness education, chemical dependence relapse prevention counseling and generalized healthcare services throughout their anticipated 28-45 days of in-patient treatment at the proposed project facility. Notably, the adduced evidence which supported this overview of the medical treatment and related health care services to be provided to patients at the proposed project facility was derived from the hearing testimony and written presentations offered by Frank Cicero and Brian Baldwin, LCSW of Cicero Consulting Associates, Inc., and Peter Millock, Esq., of Nixon

Peabody, LLP, and Dr. Ernst Jean, MD, during the public hearing sessions conducted on September 18, 2019 and October 16, 2019.

Of further significance, the Court notes that the evidence presented by these hearing witnesses further informed that the OASAS certification, which the proposed project facility will operate under, specifically mandates that such a residential substance abuse treatment facility be operated under the supervision of a Medical Director who is a NYS licensed physician possessing the required education, training and experience in substance use disorder services, and who shall personally bear overall responsibility for, *inter alia*, all medical services provided by the program, oversight of routine medical care, specialized services and medications, and the supervision of medical staff in the performance of all medical services. Notably, Dr. Jean's testimony on October 16, 2019, offered through the prism of his personal experience as the Medical Director of an OASAS-certified residential substance abuse treatment facility located in Bronx County, revealed that patients do not qualify for such treatment unless they are seriously ill and require extensive 24-hour medical presence to address their addiction-related treatment needs and their commonly presented co-occurring disorders, which include coronary artery disease, hypertension and Chronic Obstructive Pulmonary Disease (COPD), opining that such a level of significant medical care cannot be properly characterized as mere custodial care.

Despite the considerable experience-based expertise reflected in the testimony and extensive written submissions presented by these witnesses in connection with the respondent ZBA's efforts to examine the nature of the medical care to be provided to the petitioners' patients, and their shared opinion that the petitioners' proposed project facility would provide diagnostic services and treatment which would be consistent with that provided at alcoholism

and drug rehabilitation hospitals as defined by § 8069 of the SIC, Chairman Douglas, alone amongst the members of the respondent ZBA, rejected that evidence and elected to register the only vote to deny the petitioners' interpretation application based upon his conclusion that the medical care to be provided to such patients would be incidental to the primary care they were to receive. Although Chairman Douglas declined to support this conclusion by identifying the specific nature of the primary care that he believed would predominate over the medical care that each patient would receive at the proposed project facility, he did indicate that his vote was based upon his determinations that patients would primarily be cared for by nurses and social workers, that the presence of doctors doesn't establish that the proposed project would constitute the operation of a hospital, and that the administration of medication and the performance of diagnostic assessments/examinations and counseling could be accomplished in non-hospital settings.

Against this backdrop, having considered the evidence adduced before the respondent ZBA, and having evaluated Chairman Douglas' articulated factual bases for his vote to deny the petitioners' interpretation application, the Court finds little difficulty concluding that there is neither a reasonable nor rational view of that adduced evidence which would support the challenged determination reached by the ZBA upon the sole vote of respondent Chairman Douglas. In this regard, the Court finds that all three of the bases proffered by Chairman Douglas in support of his disapproving vote bear little, if any, relevance to his ultimate determination that the medical care to be provided to the petitioners' patients would be incidental to the primary care they were to receive, as reflected by the conclusory statements he ostensibly offered to support his minimization of the significance of the adduced evidence detailing the routine

medical care that would be delivered to all patients of the proposed project facility. Indeed, the Court's scrutiny of each of the three findings offered by Chairman Douglas in support of his vote, reveals the ambiguous nature of such findings in relation to his ultimate conclusion that the medical care to be provided to the petitioners' patients would be incidental to the primary care they were to receive, as his findings that the petitioners' proposed project facility would be staffed by medical doctors on-site, that more patient care would be delivered by nurses than doctors, and that such patient care could be equally provided in either a hospital or a non-hospital setting, more persuasively undermines his ultimate conclusion rather than supports it. Consequently, noting the absence of support within the challenged determination for Chairman Douglas' ultimate conclusion that the medical care to be provided to the petitioners' patients would be incidental to the primary care they were to receive, the Court's consideration of the hearing testimony and submissions offered by the petitioners' expert witnesses, Frank Cicero, Brian Baldwin, Peter Millock, Esq., and Dr. Ernst Jean, MD, with specific regard to the extensive and consistent medical care that would be provided by the petitioners' to the patients of their OASAS-certified residential substance abuse treatment facility, strongly indicates that such care is not consistent with mere residential care defined by § 8361 of the SIC, yet is entirely consistent with the care provided by a specialty hospital as defined by § 8069 of the SIC.

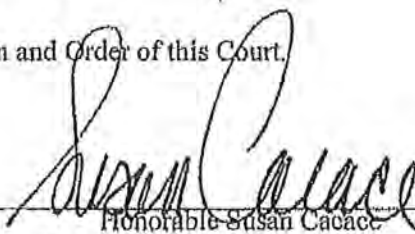
Accordingly, as this Court's role in reviewing the respondent ZBA's challenged determination is limited to a retrospective examination and analysis of the record before it to determine the level of evidentiary support therein for that determination, this Court finds that the record in this case compels it to conclude that the respondent ZBA's challenged determination to deny the petitioners' application for an interpretation that their proposed operation of an OASAS-

certified residential substance abuse treatment facility on the project site is consistent with that of "Specialty Hospital" as defined by § 8069 of the SIC, was improper, arbitrary and capricious, and constituted an abuse of discretion, as it was neither rational nor reasonable to reach that determination due to the patent absence of a sufficient evidentiary basis of support for same within the record (*see Matter of Sanantonio v Lustenberger*, 73 AD3d 934, 935; *see also Matter of Stone Indus., Inc., v Zoning Bd. of Appeals of Town of Ramapo*, 128 AD3d 973; *Matter of LaRusso v Neuringer*, 105 AD3d 743; *Halperin v City of New Rochelle*, 24 AD3d 768).

Based upon the foregoing, the respondent ZBA's challenged determination is hereby annulled and set aside (*see Matter of Sasso v Osgood*, 86 NY2d 374, 384 n. 2; *see also Matter of Ogden Land Dev., LLC v Zoning Bd. of Appeals of Vil. of Scarsdale*, 121 AD3d 695, 696-97; *Matter of Haberman v Zoning Bd. of Appeals of Town of E. Hampton*, 85 AD3d 1170, 1171; *Matter of Campbell v Town of Mt. Pleasant Zoning Bd. of Appeals*, 84 AD3d 1230, 1231; *Matter of Rusciano v Ross*, 78 AD3d 715, 716), and to the extent that the petitioners additionally seek declaratory relief, the Court hereby remits this matter to the respondent ZBA for the issuance of a determination that the petitioners' proposed establishment of an OASAS-certified residential substance abuse treatment facility on the project site does constitute the operation of a "hospital" within the meaning of the Town Code (*see Ogden Land Development, LLC v Zoning Bd. of Appeals of Village of Scarsdale*, 121 AD3d at 697).

The foregoing constitutes the Decision and Order of this Court.

Dated: White Plains, New York
September 24, 2020



Honorable Susan Cacace
Acting Justice of the Supreme Court

10/2/2020

-17-
Tracy G. [Signature]

HON. SUSAN CACACE
WESTCHESTER COUNTY
JUDGE

TO:

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SUB-APPENDIX B-6

EXHIBIT 6



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January 4, 2021

Via E-Mail and Federal Express

Hon. Loretta Taylor, Chairperson and Members of the Board
Planning Board of the Town of Cortlandt
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe, AICP, Deputy Director, Planning Division

*Re: Hudson Ridge Wellness Center, Inc. and Hudson Education and Wellness Center
2016 Quaker Ridge Road, Town of Cortlandt
January 5, 2021 Planning Board Meeting*

Dear Chairperson Taylor and Members of the Board:

We are in receipt of the letter of counsel for the neighborhood opposition group, dated December 31, 2020. We offer the following brief responses to each of the points raised therein.

As set forth in my letter to the Board of December 17, 2020, the Supreme Court, Westchester County has set aside the 2019 Determinations of the Director of Code Enforcement and the January 2020 3-1 Determination of the Zoning Board in favor of the Applicants, constituting a statutory "default denial", in holding that the proposed use is a permitted "hospital" under the Town Zoning Code. On December 16, 2020, as directed by the Court, the Zoning Board held in pertinent part, as follows:

NOW THEREFORE BE IT RESOLVED, that pursuant to the Decision, Order and Judgment (Index #1167/20) by the Honorable Susan Cacace, Acting Justice of the Supreme Court, the applicant [sic] proposed establishment of an OASAS-certified residential substance abuse treatment facility on the project site constitutes the operation of a "hospital" within the meaning of the Town Code. This matter is hereby put back on the ZBA agenda and, if necessary is referred to the Planning Board for further review.

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These Determinations are binding on this Board. The fact that the opposition group, whose motions to intervene in the Supreme Court action were twice denied by the Court, disagrees and are “pursuing [their] appellate rights before the Appellate Division” is of no relevance to the proceedings before this Board. As it is the Applicants’ view that the opposition group, as a non-party, is clearly precluded by law from appealing the Supreme Court’s Determination, we have moved to dismiss the group’s three pending appeals. That motion is pending determination in the Appellate Division, Second Department. Notably, the group has been consistently unsuccessful in its legal efforts to contest the Applicants’ rights with respect to its specialty hospital. Perhaps that fact should bear on the Board’s assessment of the validity of the group’s claims going forward. The following “bullet points” correspond to those counsel’s December 31 letter:

- With respect to counsel’s claim that “an Environmental Impact Statement is required under SEQRA”, we respectfully submit that that claim is rendered demonstrably false by the numerous submissions made to this Board by the Applicants’ expert consultants and the Town’s own expert consultants. In particular, as set forth in my December 17 letter, in January of 2019, the Applicants submitted to the Board a detailed analysis of the proposed use *vis a vis* the SEQRA criteria for a determination of significance – demonstrating there would be no significant adverse environmental impact to warrant an Environmental Impact Statement. In addition, the Applicants submitted as part of their application, a list of 54 positive and mitigative aspects of its prospective hospital operations, including special accommodations for the Town and Town residents, which would not only further ensure there would be no significant adverse environmental impacts, but that there will be significant positive impacts, and which the Applicants propose as conditions of approval.

- In further regard to counsel’s purported rationale for requiring an Environmental Impact Statement, on March 28, 2019, as the Board had requested in order to facilitate efficient and thorough review by the Board and the public, and just as counsel suggests, the Applicants submitted a 4-volume “Consolidated Expanded Environmental Assessment Report” consolidating all prior submissions to date, with a fully updated version of their environmental analysis and their responses to all public comments on this matter since the initiation of the application in July 2015. This was augmented by several pieces of correspondence between the Applicants’ and the Town’s respective traffic consultants in April 2019. This submission, which contained said fully updated environmental analysis, more than satisfies the intentions of any Environmental Impact Statement. As requested by the Applicants two years ago, the Applicants’ submissions to date clearly demonstrate that the Applicants are entitled to a Negative Declaration, or at the very least, a Conditioned Negative Declaration, under SEQRA.

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- With respect to counsel's claim that the proposed specialty hospital "would violate the Town's requirement" of State road frontage for hospital special permits, that is a very misleading statement. As counsel well knows, the Applicants have applied to the Zoning Board for an area variance from the frontage requirement that was added to the hospital special permit requirements in 2003. In yet another Zoning Board and court proceeding in which the opposition group was unsuccessful, the Zoning Board rejected the group's spurious argument that that said variance is a use variance, not an area variance. Since then, the Supreme Court, Westchester County and the Appellate Division, Second Department, have put that issue to rest once and for all, finding that a State road frontage variance is, in fact, an area variance.

- With respect to counsel's claim that the specialty hospital "would run afoul of the Town's 2016 Master Plan", which designates the Quaker Ridge area as a "scenic resource", unlike a 20-lot residential subdivision, for example, the proposed hospital will use the existing buildings on the site, whose exteriors will not be altered, there will be no construction, other than to update the septic system to better protect the environment and the entrance way for traffic safety, with almost 50 wooded acres to be preserved as is. No sensitive environmental features will be disturbed at all. Thus, the quality of the Quaker Ridge area as a "scenic resource" will not be negatively affected in any way whatsoever. The Applicants' Expanded Environmental Assessment Report discusses at length the consistency of the proposed use with the Town's Master Plan and Open Space Plan.

- With respect to counsel's claim that the proposed specialty hospital would significantly affect the neighborhood character as a result of traffic, the issue of traffic has been exhaustively studied at this point, with significant mitigation measures provided, and with the Town's expert traffic consultant essentially finding that there will be no significant adverse traffic impacts, with the highest level of service, Level A, being maintained at all relevant intersections. The additional traffic will be significantly less than that which would be generated by uses permitted as of right.

- With respect to counsel's request that the Board should evaluate the January 2019 Report of the opposition group's latest hydrogeologist in consultation with the Town's hydrogeologist, the Board has already done so. At the Board's December 2018 meeting, our hydrogeologist gave a Powerpoint presentation regarding the extensive well pump testing the Applicants performed in August 2018, which clearly demonstrated that the use will have no significant adverse impact on off-site wells. The Town's hydrogeologist agreed that there will be no significant impact. Indeed, there will be little impact at all. Nonetheless, the Applicants have submitted an extensive post-approval well-monitoring program, also as approved by the Town's hydrogeological consultant. On February 26, 2019, the Applicants' hydrogeological consultant submitted their report

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refuting each and every comment in the referenced report of the neighbor's new consultant. To buttress that response, on March 6, 2019, the Applicants submitted an additional report confirming that, as a condition of approval, the Applicants will conduct an extensive post approval well-monitoring program of the off-site wells, and, in addition, will monitor and submit monthly reports of water usage to the Health Department and the Town. On April 11, 2019, the Town's hydrogeological consultant submitted his own response to the neighbor's consultant's report. He once again confirmed the Applicants' reports to be accurate and found no merit at all to the comments of the neighbor's consultant.

- Finally, with respect to counsel's request that the Board and staff should thoroughly review the representations made by the Applicants to the ZBA regarding the "program elements" of the proposed hospital to "confirm whether any newly proposed services would affect the Planning Board's SEQRA and land use reviews", there have been no such program changes, and certainly none that would be relevant to the Planning Board, SEQRA and land use reviews or within the legitimate purview of the Board's site planning and special permit authority.

With respect to counsel's reference to "detoxification", there has been no change in the Applicants' proposed use. This issue arose only because of the detailed review by the Zoning Board of the hospital's internal operations to determine whether it constituted a permitted "hospital", which internal operations are generally not relevant to this Board's review or even properly reviewable by the Board under applicable law. When the Applicants initially advised the Board that there would not be "detoxification" on site, but that detoxification would take place at a general hospital off-site prior to patient admission, the reference was to "detoxification" in its generic sense as understood by most laymen, not to the very technical classifications and terms of art utilized in the State OASAS Regulations, which will govern the specialty hospital. The Applicants' generic use of the term "detoxification" equates to what the OASAS Regulations refer to as the most acute level of detoxification or "medically managed withdrawal and stabilization services", which are designed for patients who are acutely ill from substance-related addiction or dependence, with severe withdrawal symptoms, at risk of acute physical or psychiatric co-morbid conditions. This level of detoxification takes place in general hospitals and will not take place – or be permitted by the regulations to take place - in the specialty hospital. Under the OASAS Regulations, patients who have been largely stabilized in a medically managed detoxification in a general hospital may "step down" to "medically supervised withdrawal and stabilization services", which is what the specialty hospital will be authorized by the Regulations to provide.

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Upon request of the Board, the Applicants will be pleased to provide the reports of its expert consultants provided to the Zoning Board with respect to its internal program operations, but once again, I respectfully submit that such matters do not fall within the Board's bailiwick. As we have stated from the outset, however, the public record of each of the two Boards reviewing this application shall be deemed part of the record of the other as well.

Thank you for your consideration.

Very truly yours,



Robert F. Davis

RFD:dds

c: Steven Laker (via e-mail)
Thomas F. Wood, Esq. (via e-mail)
Michael Preziosi (via e-mail)
Bradley Schwartz, Esq. (via e-mail)
Richard Pearson (via e-mail)
Robert Peake (via e-mail)
Thomas Cusack (via e-mail)
Karen Destefanis (via e-mail)
Ralph Mastromonaco (via e-mail)

SUB-APPENDIX B-7

EXHIBIT 7

PLANNING BOARD MEETING – JANUARY 5, 2021

INTRODUCTION

1. Good evening. I am Bob Davis, attorney for the Applicant. It has been a while, but you will recall that we are seeking your site plan approval and a special permit for a specialty hospital to serve those suffering from substance use disorder. We will be using the existing buildings on the property, which have been used for the same type of hospital and for other institutional purposes since the 1920's. There will be no construction except for updating the septic system and some modification of the entrance way.
2. As we have not appeared before you on the substance of the application since January, 2019, I will summarize where we were at that time and what has transpired in the 2 years we have been delayed since then, through no fault of our own.
3. At the December 2018 meeting, our hydrogeologist gave a PowerPoint presentation regarding the extensive well pump testing we performed that past August, which clearly demonstrated that the use will have **no significant adverse impact on off-site wells**. The Town's hydrogeologist agreed that there will be no significant impact. Indeed, there will be **little impact at all**. Nonetheless, we have submitted an extensive post-approval well-monitoring program, also as approved by the Town's consultant.
4. At the January 2019 meeting, our traffic engineer gave a PowerPoint presentation with respect to traffic matters; including the substantial mitigation measures we have incorporated into the application, which demonstrated that the use will have **no significant adverse traffic impacts**. While the Town's consultant raised some minor technical matters at that meeting, which had already been addressed or which were addressed shortly thereafter to his satisfaction, he essentially agreed with the basic premise that there will also be **no significant adverse traffic impacts**.
5. Thus, significantly when we left off with you, we had demonstrated, by exhaustive expert analysis, to the satisfaction of your own independent experts, that with respect to the 2 principal environmental concerns raised by the neighbors – off-site wells and traffic – there will be **no significant adverse impacts**.

6. On January 10, 2019 we submitted our detailed analysis under the SEQRA Regulations, which addressed the enumerated regulatory criteria for your determination of significance under SEQRA. Employing those criteria, we demonstrated that the proposed action will have **no significant adverse environmental impacts** and that therefore, we are entitled to a **Negative Declaration** or, at least, a Conditioned Negative Declaration under SEQRA. (See “Executive Survey” and Appendix 31 to “Consolidated Expanded Environmental Assessment Report, 3/28/19). **Based on your own experts, there is no basis in your record, for a Positive Declaration.**
7. On January 25, 2019, we received the two approvals for the hospital required from the Westchester County Health Department, which have been renewed to date:
 - (1) Approval of the water supply system, which was based upon and incorporated the Health Department’s prior approval of our water demand calculations, which accordingly were incorporated in our well pump testing, and
 - (2) Approval of our state-of-the-art septic system, which will replace most of the existing system and be much more protective of the environment.
8. On February 5, 2019, we responded to the letter of the neighbors’ counsel, dated February 1, and we addressed what, in our opinion, was only a last ditch effort to derail the application after seeing that we had clearly demonstrated a lack of significant adverse environmental impacts. However, as I will discuss shortly, they *were* successful in causing this substantial delay.
9. The focal point of the neighbors’ February 2019 submission was the report of their new hydrogeologist – who replaced their prior one - critiquing our well pump test protocol, which had been approved by Town’s professional staff and its own consultant.
10. On February 26, 2019, our consultants submitted their report refuting each and every comment of the neighbors’ new consultant. To buttress that response, on March 6, 2019, we submitted an additional report confirming that, as a condition of approval, we will conduct an extensive post-approval well monitoring program of the off-site wells. In addition, we will monitor and submit monthly reports of our water usage to the Health Department and the Town.

11. On April 11, 2019, the Town's hydrogeological consultant submitted his own response to the neighbors' consultant's report. He, once again, confirmed our reports to be accurate, and **importantly, found no merit to the comments of the neighbors' consultant.**
12. On February 22, 2019, the Town's traffic consultant submitted a report updating his comments at the January 2019 meeting on our December 2018 submission, which were largely technical and non-environmental in nature. Significantly, he found our daily trip estimates acceptable and that they **would not have a significant impact on any of the studied area intersections.**
13. On March 21, 2019, we responded to the Town traffic consultant's February comments. We received follow up comments from him on April 16, and we fully addressed those in our response of April 25, 2019. **The Town's consultant then orally advised our traffic engineer that he is satisfied with our final responses.**
14. Significantly, on March 18, 2019, in order to buttress our SEQRA analysis we submitted in January demonstrating non-significance and our entitlement to a Negative Declaration under the SEQRA criteria, we submitted a list of **54 positive and mitigative aspects of the hospital operations, including special accommodations for the Town and Town residents, which are incorporated in our application and which further ensure not only that there will be no significant adverse environmental impacts caused by the proposed specialty hospital, but there will be significant positive impacts. We have proposed them to be conditions of approval. (See Appendix 37 to CEEAR.)**

15. At the January 2019 meeting, the Board suggested that since this has been such a long process – now two years longer still - with so many submissions - in order to accommodate efficient review by the Board and the public, we should consolidate all of our submissions in a “user friendly” manner. Thus, on March 28, 2019, we submitted a voluminous four-volume set of our prior submissions (“Consolidated Expanded Environmental Assessment Report”) with a fully updated version of the environmental analysis we had submitted with our original application in July 2015. These volumes include our strong SEQRA non-significance analysis I just mentioned in the “Executive Summary” and Appendix 31, as well as our 54 stipulated conditions in Appendix 37, and all of the other materials we have submitted, including **detailed responses to every single public comment since the outset of this process in 2015. There has already been very substantial public comment.**
16. Accordingly, we then requested that your Board proceed with its SEQRA determination at its May 2019 meeting. Unfortunately, that did not happen and we last appeared before you on June 4, 2019 to summarize everything I have just said and to tell you of some other events which I will now address and update.
17. Regarding the 2-year delay since we saw you last - in February 2019, neighbors’ counsel raised, *for the first time*, the issue of whether the proposed use actually constitutes a permitted hospital use under the Town Zoning Code. This question was first raised after **four years** of extensive public review before the Zoning and Planning Boards, which had even included two litigations.
18. As a result, at its February 2019 meeting, the Planning Board asked staff for advice on this “threshold” issue, even though we were far beyond any such “threshold” of this matter.
19. On March 21, 2019, the Director of Code Enforcement rendered a memo to the Board, stating his erroneous opinion that the proposed specialty hospital was not, in fact, a permitted “hospital”, based on his **demonstrably false premise** that the use would entail primarily “custodial care” and not “medical care”. This erroneous opinion effectively forestalled your Board’s review of the application for 2 years.
20. We totally refuted the Director in my comprehensive submission of April 23, 2019, which was accompanied by reports of two of our expert hospital consultants.

21. There can be no legitimate question that the primary purpose of the proposed specialty hospital is the medical treatment and health care of those suffering from the disease of addiction.
22. Putting aside the inarguable facts and numerous legal grounds we explained in our April 2019 submission, which overwhelmingly demonstrated that this is a permitted hospital, perhaps first and foremost, from the outset, this has been a matter of **common sense**. We have a main hospital building which was built, designed and used for some 30 years for the same type of addiction treatment hospital for which the Applicants will use it. It is currently configured with hospital rooms and office spaces, and after renovation, will continue to be. It will be occupied by doctors, nurses, psychologists and other medical and behavioral health care professionals. Indeed, there will be some 42 such health care professionals to serve the projected initial population of some 42 patients. The hospital-type rooms in the building will be occupied by those patients, who are suffering from a disease, for which they will be treated by health care professionals. The ancillary buildings will be utilized for the same purposes. The operation will be strictly regulated as a medical facility treating substance abuse issues under the State Mental Hygiene Law and require licensure thereunder by the State Office of Alcohol and Substance Abuse Services known as "OASAS". Patient medical insurance will be accepted. Obviously, this is a medical use, not merely "custodial care".
23. Thus, we requested in our April 2019 submission that the Director, in consultation with the Town Attorney, in light of many legal and factual matters of which he apparently was unaware or misunderstood, change his opinion accordingly.
24. However, on May 16, 2019, the Director issued a second memo, declining to change his prior Opinion. In fact, he added a second incorrect determination, that the State road frontage variance we require from the ZBA is a use variance, not an area variance.

25. His opinion on the frontage variance was barred by law. The Zoning Board had already made a determination in March 2017, in rejecting yet another claim of the opposition group - likewise, the claim that the frontage variance is a use variance - in finding that it is, in fact, an area variance. The Supreme Court, Westchester County dismissed the neighbors' Article 78 proceeding challenging the ZBA's determination as premature. Since then, the courts have ruled in two other cases that a variance from a State road frontage requirement is an area variance, not a use variance, which put that matter to rest, once and for all.
26. In May 2019, we submitted an appeal to the Zoning Board from the Director's erroneous Determinations. The Zoning Board conducted its first meeting on our appeal in June 2019 and then a lengthy public hearing over 3 sessions from August to November 2019. The Applicants submitted extensive expert testimony and reports from a number of witnesses with experience with such hospitals, including management consultants specializing in them, the Former General Counsel of the New York State Department of Health, a physician who serves as the Medical Director of a similar hospital, and an expert attorney on the Americans With Disabilities Act, which requires the Town to make reasonable accommodations for these Applicants.
27. In January 2020, the Zoning Board, by a 3-1 vote, with two recusals and one abstention, adopted a well-reasoned resolution granting the Applicants' appeal from the Director of Code Enforcement and finding that the use is, in fact, a permitted "hospital". However, due to the State statutory requirement that there must be 4 votes of a 7-member board for an approval, the 3-1 vote in the Applicants' favor constituted a "default denial" under the statute.
28. As a result, we were compelled in February 2020 to bring an Article 78 proceeding to set aside the Zoning Board's "default denial". Although the Board had voted 3-1 in our favor, the Board vigorously opposed our Article 78 proceeding and asked the Court to uphold the "default denial". The neighborhood opposition group also sought permission of the Court to intervene in the proceeding against us.

29. The Court twice denied the neighbors' request to intervene. Finally, on September 24, 2020, the Court, in a 10-page Decision Order & Judgment, ruled strongly in favor of the Applicants, finding that the proposed use *is* a permitted "hospital", and ordering the Zoning Board to render a decision in the Applicants' favor in accordance with that determination. I have provided a copy of the Court's Decision to the Board. Our motion to dismiss the neighbors' attempt to appeal the Decision is pending.
30. Ultimately, at its meeting of December 16, 2020, the Zoning Board complied with the Court's Order, in adopting a Resolution that the use is a permitted "hospital", as held by the Court.
31. Accordingly, we may and must now proceed before this Board for a SEQRA determination before any further proceedings with the Zoning Board for the frontage variance. We ask that the Board now refresh its recollection by reviewing the 4-volume record of this application we submitted in March 2019, including our analysis of the SEQRA criteria for a Negative Declaration and our 54 stipulated conditions, (CEEAR, Executive Summary and Appendices 31 and 37), as augmented by our April 2019 correspondence with your traffic consultant and the April 2019 report of your hydrogeologist. It easily meets the requirements an Impact Statement. Volume 1 is most relevant if you want to limit your review efforts.
32. At this juncture, we have done everything asked of us by the Town since our initial 2015 application, **5½ years** ago, and then some. Based on the substantial record and proceedings to date, including your own expert reports, which have amply demonstrated that the proposed use **will not have any significant adverse environmental impact**, we ask that the Board now proceed – finally - with its rendering of a Negative Declaration, or at the very least, a Conditioned Negative Declaration, under SEQRA, either of which should incorporate our 54 stipulated conditions, in order that the review process may move forward to conclusion before your Board and the Zoning Board. Thank you.

SUB-APPENDIX B-8

EXHIBIT 8



SINGLETON, DAVIS & SINGLETON PLLC

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January 21, 2021

Via E-Mail and Federal Express

Hon. Loretta Taylor, Chairperson and Members of the Board
Planning Board of the Town of Cortlandt
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe, AICP, Deputy Director, Planning Division

*Re: Hudson Ridge Wellness Center, Inc. and Hudson Education and Wellness Center
2016 Quaker Ridge Road, Town of Cortlandt*

Dear Chairperson Taylor and Members of the Board:

We are in receipt of the letter of the neighborhood opposition group's counsel, dated January 20, 2021. In my letters to the Board of December 17, 2020 and January 4, 2021, as well as my comprehensive presentation at the January 6, 2021 meeting, we have amply refuted counsel's repeated request that the Board adopt a Positive Declaration under SEQRA. In short, there is no basis in the comprehensive record before the Board to render any SEQRA determination other than a Negative Declaration or Conditioned Negative Declaration. Counsel acknowledges that the Board has all it needs in the Applicants' four-volume "Consolidated Expanded Environmental Assessment Report" to render its SEQRA Determination. A public hearing will be held on the application regardless of that determination. Counsel's request is simply another effort to forestall the application in the opposition group's seemingly never-ending war of attrition.

Further, we strongly object to the opposition group's attempt to postpone or in any way control the scheduling of the further review of this application. The group has had in its possession, due to its constant monitoring of the application, all of the items comprising the Consolidated Expanded Environmental Assessment Report, which were filed from 2015-2019, *well prior* to its submission in March 2019. Moreover, in the various proceedings before the Boards and the Court, we have repeatedly referenced the four-volume compendium, as counsel is well aware. As just one of many examples, see my outline of my June 4, 2019 presentation to the Planning Board, when I specifically discussed our submission of the four-volume set in

Hon. Loretta Taylor, Chairperson and Members of the Board
January 21, 2021
Page 2

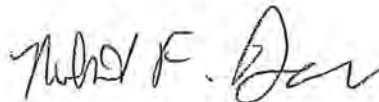
March 2019. The fact that counsel for the group has chosen to wait some two years before "carefully" going through it should be of no consequence whatsoever to the Applicants or the Board.

Counsel's request is rendered all the more outrageous by the fact that the Town's review of this application, which involves no new construction, is now approaching **six years** in length, resulting in millions of dollars in unnecessary costs to the Applicants. No less than three years of the extensive delays in the review process have been caused by two litigations arising out of spurious claims of the opposition group, which have been soundly rejected by the courts. Quite simply, enough is enough!

As we have previously noted, the opposition group has comported itself throughout as if it is an equal partner in the application. It is not. Its members have the right only to be heard at public hearings on the application. On the other hand, the Applicants have substantial rights of due process in the consideration of their application and significant property rights, which are protected not only by State Law, but in this case, by Federal Law. We respectfully ask the Board to keep in mind the significant difference between the rights of the Applicants and those of the opposition group going forward.

Thank you for your consideration.

Very truly yours,



Robert F. Davis

RFD:dds

c: Thomas F. Wood, Esq. (via e-mail)
Josh Subin (via e-mail)
Chris Kehoe, AICP (via e-mail)
Michael Preziosi, P.E. (via e-mail)
Brad Schwartz, Esq. (via e-mail)

APPENDIX 44



SINGLETON, DAVIS & SINGLETON PLLC

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March 23, 2021

Via E-Mail and Federal Express

Hon. Loretta Taylor, Chairperson and Members of the Board
Planning Board of the Town of Cortlandt
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe, AICP, Deputy Director, Planning Division

*Re: Hudson Ridge Wellness Center, Inc. and Hudson Education and Wellness Center
2016 Quaker Ridge Road, Town of Cortlandt*

Dear Chairperson Taylor and Members of the Board:

Enclosed on behalf of the Applicants are the following items:

1. My letter of this date in response to the letter of Zarin & Steinmetz, dated February 22, 2021, submitted at the submission deadline for the March 2, 2021 meeting.
2. My presentation outline for the March 2, 2021 meeting. At the meeting, given the late hour, the Chairman requested that I reduce my presentation substantially. This is my complete presentation.
3. My letter of this date addressing certain false accusations and innuendo made at the March 2, 2021 meeting and during the review proceedings.

Rather than responding at the hearing sessions, we will respond to all public comment, in writing, subsequent to the closure of the hearing. However, we respectfully reserve the right to respond at the hearing and to present any further information at the hearing, as we deem necessary.

Hon. Loretta Taylor, Chairperson and Members of the Board

March 23, 2021

Page 2

The opposition group's counsel has requested a 2-week time period from the closure of the hearing to submit written comments. Whatever such period may be afforded to counsel, we request 2 weeks thereafter within which to reply to public comment made at the hearing and to written comments submitted thereafter and to make any other final written submission. We believe this will prevent the "back and forth" submissions which have occurred at the conclusion of prior hearings and appropriately, afford the Applicants the final word with respect to their own application.

Thank you for your consideration.

Very truly yours,

A handwritten signature in black ink, appearing to read "Robert F. Davis", with a stylized flourish at the end.

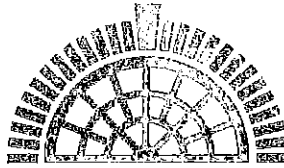
Robert F. Davis

RFD:dds

Enclosures

c: Thomas F. Wood, Esq. (via e-mail)
Josh Subin (via e-mail)
Michael Preziosi, P.E. (via e-mail)
Brad Schwartz, Esq. (via e-mail)

SUB-APPENDIX A



SINGLETON, DAVIS & SINGLETON PLLC

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March 23, 2021

Via E-Mail and Federal Express

Hon. Loretta Taylor, Chairperson and Members of the Board
Planning Board of the Town of Cortlandt
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe, AICP, Deputy Director, Planning Division

*Re: Hudson Ridge Wellness Center, Inc. and Hudson Education and Wellness Center
2016 Quaker Ridge Road, Town of Cortlandt
Response to neighbors' counsel's letter dated February 22, 2021*

Dear Chairperson Taylor and Members of the Board:

This letter is in response to the letter of neighbors' counsel, dated February 22, 2021.

Introduction

At the outset, we note that, in large part, the claims raised in counsel's letter, particularly with respect to his purported "unanswered questions", have previously been raised and addressed by the Applicants many times during the past 6 years before the Planning and Zoning Boards. In part, it appears that counsel is attempting to "relitigate" the issues resolved against the neighbors in the Zoning Board proceedings, or to now overcome their failures in those proceedings, by concocting still new reasons to deny the Applicants' specialty hospital.

Having unsuccessfully made the spurious claim before the Zoning Board that the State road frontage variance required by the Applicants is a use variance rather than an area variance and then, after 5 years of review, and seeing that the Applicants had satisfied the Town's experts on the principal issues of wells and traffic, the equally unsuccessful and spurious claim that the proposed use is not a "hospital", the neighbors now have yet a new approach. Despite the demonstrated lack of well, traffic and other impacts on the neighborhood, they now raise their "community character" concerns, based on their subjective personal opinion about their "sense of place" and how they "perceive" their community. They are using social media to coordinate with others to take this new approach before the Board. (See, e.g., the announcement from the neighborhood group's website, annexed hereto as **Exhibit 1.**)

Hon. Loretta Taylor, Chairperson and Members of the Board

March 23, 2021

Page 2

Quite simply, the neighbors now wish to substitute their own subjective standard for the review of the Applicants' proposed use, in place of an objective and legal standard, based on expert analysis. Of course, the subjective opinion of a neighborhood opposition group is one which neither the Applicants nor *any* applicant could ever hope to satisfy. That is why the Board's review is governed by the requirements of State and local law – and in this case, Federal law as well - which include the requirements that its decisions not be arbitrary and capricious or unsupported by the substantial evidence, that expert evidence takes precedence over neighborhood opposition, and in this case, under the Americans with Disabilities Act, that reasonable accommodations be made for the Applicants and their prospective patients. As the Board well knows, its determination must be in accordance with law, not neighborhood opinion, with which, not surprisingly, the law rarely seems to coincide.

With respect to counsel's request for a post-hearing submission period, we respectfully request that whatever such period is provided, as is appropriate, the Applicants be afforded the opportunity of final response.

The responses below are organized to correspond to the pages of counsel's February 22nd letter.

Page 1 of counsel's letter -

On page 1 of his letter, counsel, to illustrate his statement regarding his clients' properties "immediately abutting the site with backyards and decks having a direct view into the site", offers 83 Quaker Hill Drive and photo Exhibit A depicting a portion of its backyard as an example. This is misleading. The Board should note that the house at 83 Quaker Hill Drive, similar to the houses on the other adjoining properties on Quaker Hill Drive, is located at a much higher elevation than the Applicants' property, and approximately 300 feet from the Applicants' nearest ancillary building. Likewise, it is located approximately 800 feet from the Applicants' main hospital building on the other side of the Applicants' property, which does not adjoin any neighbors, but only a 27.8 acre parcel in New Castle controlled by the Applicants.

The ancillary, residential-style building in question will be used mainly for offices and meetings, as the patients will principally stay on the opposite side of the property. The subject ancillary building has been there and used for institutional purposes since the 1920's, before the construction of the houses on Quaker Hill Drive. Its setback is legally non-conforming.

Hon. Loretta Taylor, Chairperson and Members of the Board

March 23, 2021

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Notably, since the submission of their application in 2015, the Applicants have observed that the owners of adjoining properties, including 83 Quaker Hill Drive, have cleared a substantial number of trees and other vegetation from their adjoining rear yards, in what appears to be an attempt to be able to look directly into the Applicants' property. In any event, these adjoining owners have intentionally made the Applicants' property much more visible from their own properties – a self-created “hardship”. This includes Mr. Shannon residing at 2022 Quaker Ridge Road, who invited the Board to see the view from his residence.

Counsel then claims that “the Applicant proclaims [its hospital] would ‘target affluent adults’ from New York City and across the country”. This is also a misleading statement. In selectively paraphrasing a paragraph regarding the specialty hospital’s “market area” from the Applicants’ consultant’s 2015 “Project Narrative Description,” contained in its original 2015 Expanded Environmental Assessment Report, counsel conveniently omits the introductory statement of the paragraph that: “The primary market area for Hudson Education and Wellness Center Addiction Treatment Services is defined as the region around New York City.”

Counsel also conveniently omits the Applicants’ representation from the outset that they will provide special preference to Cortlandt residents, including by reserving beds for them, providing them some annual scholarships, and providing them a favorable fee structure. The Applicants have also represented from the outset that they will work closely with the Town and local schools and organizations to address the substance abuse epidemic, providing speakers and programs as requested.

Notwithstanding, while the Applicants’ emphasis, as expected, will be on serving people from the Town and surrounding area, the patients *could* be from anywhere. When counsel raised the spurious claim before the Zoning Board that hospitals in Town should be limited to Town residents, I addressed it, in pertinent part, in my letter of October 4, 2019 to the Zoning Board in pertinent part as follows:

First, the Town’s zoning enabling authority under Town Law Article 16 affords the Town authority with respect to land use matters only. As such, it is a fundamental principle of zoning law as set forth by the Court of Appeals that the Town, including its Zoning Board, has the authority only to regulate the land use, not its owners or occupants, i.e., to regulate the use, not the users. See, e.g., *St. Onge v. Donovan*, 71 N.Y.2d 507, 527 N.Y.S.2d 721 (1988); *Sunrise Check Cashing v. Town of Hempstead*, 20 N.Y.3d 481, 964 N.Y.S.2d 64 (2013). As stated in *Sunrise*:

Hon. Loretta Taylor, Chairperson and Members of the Board

March 23, 2021

Page 4

A town's power to adopt zoning regulations derives from Town Law §261, which authorizes town boards 'to regulate and restrict the height, number of stories and size of buildings and other structures, the percentage of lot that may be occupied, the size of yards, courts, and other open spaces, the density of population, and the location and use of buildings, structures and land for trade, industry, residence or other purposes' (*see also* Town Law §263 [listing the purposes of zoning]).

Our cases make clear that the zoning power is not a general police power, but a power to regulate land use: '[I]t is a fundamental principle of zoning that a zoning board is charged with the regulation of land use and not with the person who owns or occupies it' (*Matter of Dexter v. Town Bd. of Town of Gates*, 36 N.Y.2d 102, 105, 365 N.Y.S.2d 506, 324 N.E.2d 870 [1975] [citation omitted]; *see also Matter of St. Onge v. Donovan*, 71 N.Y.S.2d 507, 515, 517, 527 N.Y.S.2d 721, 522 N.E.2d 1019 [1988]).

964 N.Y.S.2d, *supra*, at 65-66.

Likewise, any such interpretation as suggested by Mr. Steinmetz, would violate the principle of law that the Town, including the Zoning Board, may not regulate the internal operations of a business. . . . (citations omitted)

Finally, to the extent the interpretation posited by Mr. Steinmetz would prohibit a hospital from having out-of-state patients, it would violate the Commerce Clause of the United States Constitution. *See, e.g., Tennessee Wine & Spirits Retailers Assoc. v. Thomas*, 139 S.Ct. 2449 (2019).

Hon. Loretta Taylor, Chairperson and Members of the Board
March 23, 2021
Page 5

Pages 2-3 of counsel's letter -

On Page 2 of his letter, counsel commences his above-referenced discussion of the neighbors' "sense of place" and "community character". From the outset, the Applicants have been extremely sensitive to preserving the neighborhood character and contributing to the community. They have great respect for the Town and their neighbors, as well as the environment and their beautiful property. That is why, for example, they are: (1) preserving the 75% existing open space on the 20.83 acre property and the entire adjacent 27.8 acre parcel they control, (2) proposing a use that is not only consistent with the historic institutional use of the property, but which has far less impacts than other uses permitted without any variance and (3) expressing a deep commitment to working with the community to address the health crisis of addiction.

In addition, as part of their local outreach, the Applicants will designate a neighborhood/community liaison, who will, among other duties, invite neighborhood representatives to open meetings no less than twice a year to keep them apprised of hospital operations and to address any questions or concerns. That person will also be available to the neighbors to call at any time if there is ever a more immediate matter. The Applicants will also provide appropriate municipal authorities with a staffed 24-hour access line. (See, March 2019 Consolidated Expanded Environmental Assessment Report ("CEEAR"), Vol. 1, p. 16).

In considering how to respond to counsel's newly constructed "sense of place" claims, I realized that it is not feasible to do so in the context of any relatively concise letter submission. Indeed, it could reasonably be argued that the Applicants' *entire* 4-volume CEEAR and our February 22, 2021 submission updating same constitute the Applicants' exhaustive and demonstrably effective effort to ensure that the character of the neighborhood is maintained, including by infusing their application with dozens of voluntary mitigative measures and conditions of approval in order to do so. Just for example, see, CEEAR, Vol. 1, pp. 25-26, 55-72, 75-78, 85-93 and 106-112. A few specific points, discussed in depth throughout the CEEAR, warrant noting in this regard:

- The property was designed and used and/or approved for more intensive institutional purposes from the 1920's through the 1980's. Notably, a hospital was approved for the site in 1989, when the neighborhood was fully developed as it is today – by court order – with a special permit that allowed 225 people on site at one time, far more than will ever be the case for the proposed specialty hospital. Thus, the adjoining homes were constructed next to what was already an institutional property.

Hon. Loretta Taylor, Chairperson and Members of the Board
March 23, 2021
Page 6

- The Applicants are not building anything new, but are utilizing the existing buildings, which they have refurbished and will continue to refurbish, which have always been dedicated to these institutional purposes.
- The Applicants are maintaining the existing 75% of the property which is open space, as well as the adjoining 27.8 acres of open space on the adjoining parcel.
- The Applicants' site work, which will not have any appreciable effect on the appearance of the property, will involve less than 1 acre of disturbance of already disturbed areas, and will involve no sensitive environmental areas.
- The Applicants have added fencing and much landscape screening near the closest residences, to which they will continue to add.
- There are many non-residential/commercial uses permitted in the Zoning District, many as-of-right, and many which would have far greater impact, including by way of traffic and/or elimination of open space, than the Applicants' proposed use. (See CEEAR, Vol. 1, pp. 50-52.)
- There are already a number of non-residential/commercial uses in the neighborhood. (See, CEEAR, Vol. 1, p. 25.)
- The Applicants have demonstrated that there will be no adverse impact on Quaker Ridge Road as a designated "historic road". (See, e.g., CEEAR, Vol. 1, pp. 9, 59.)
- The Applicants have demonstrated at great length that the proposed use is consistent with the Town's Comprehensive Plans and its Open Space Plan, particularly with respect to their express references to the property. (See, e.g., CEEAR, Vol. 1, pp. 7-18, 55-67, 75-78.)
- The Applicants have demonstrated through comprehensive expert analysis, to the satisfaction of the Town's respective experts, that the proposed use will have no significant adverse impact on traffic or off-site wells. Indeed, the Applicants have demonstrated that there will be no significant adverse impact on the neighborhood at all. Notably, the Applicants fully involved the neighborhood in its well pump testing and as a result, have invited two neighboring property owners to participate in their volunteered post-approval well monitoring program.
- The Applicants have also offered to provide the Town with on-going post-approval reporting and monitoring of water usage, traffic and parking matters.

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- Other than the need for the State road frontage variance, the property generally far exceeds all bulk requirements for the hospital use. The Applicants have an application before the Zoning Board for the necessary area variance and have explained why the State road requirement is not really even relevant to the specialty hospital, a much more limited use than a general hospital or nursing home. (See, e.g., CEEAR, Vol. 1, pp. 81-82, 86.)

Several specific points raised by counsel on pp. 2-3 of his letter bear noting as well:

Counsel essentially claims that the neighbors would prefer there to be a use of the property which they could participate in, such as a religious or educational use. I am quite sure they would prefer a public park. Notwithstanding that, as mentioned above, the Applicants will have a neighborhood community liaison on staff, who will regularly arrange for neighbors to meet at the property, there is no legal requirement or consideration under SEQRA that private property owners must utilize their property for a use which opens the property to the neighborhood and community. The law is clear that the Applicants may not be compelled to do so.

There is little doubt that the neighbors would likewise oppose any reasonable permitted use of the property, including those they reference, on the basis of the higher traffic levels as compared to the Applicants' proposed use and otherwise. When they say they would rather see residential use, does that mean a handful of homes on the combined parcels of almost 50 acres, or the 20-24 homes, which would legally be permitted? It is not difficult to guess the answer.

When counsel claims that the Town did not expect a hospital to be "entrenched" among residential homes, the Town most certainly *would* have expected that when it permitted hospitals and numerous other non-residential uses, whether as-of-right or by special permit, within residential zoning districts. While due regard should and has been given – indeed, given to an extensive degree – to mitigating adverse impacts on neighbors, the application is governed by Federal, State and local law, not by a "balancing of equities", with a few neighbors, as counsel contends. Indeed, pursuant to Federal law, under the Americans with Disabilities Act, any such equities will be skewed in favor of the Applicants and their prospective patients.

The property has not been "unoccupied for 50 years" as counsel claims. It was fully utilized into the 1980's by the Hudson Institute and a representative of the Applicants has resided there for many years since the Applicants' purchase of the property in 2010. Upon its purchase in 2010, the Applicants ended years of constant unlawful use and occupancy by destructive trespassers. The neighborhood was essentially fully developed by the 1980's, throughout a period when the institutional use of the premises was continuing or had just recently ended, with another significant hospital use approved in 1989.

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With respect to the issue of “large trucks (S.U.-40)” purportedly exiting the site, as referenced in the last paragraph on p. 2 of counsel’s letter, the Applicants have pointed out, to the satisfaction of the Town’s traffic consultant that:

The delivery vehicles will be directed to access the property from NY 9A and US 9 and travel through Crotonville via Old Albany Post Road to Quaker Bridge Road to Quaker Ridge Road. Old Albany Post Road, Quaker Bridge Road, and Glendale Road have weight restrictions for vehicles over 5 tons, except for local deliveries, which therefore do not preclude trucks associated with the site from using the roadways. The delivery vehicle drivers will be directed to not travel along the Quaker Bridge Road one-lane bridge over the Croton River. While the specific vendors and associated delivery vehicles have not been determined, **it is expected that most vehicles will be a SU-30 (total length of 30 feet) or shorter** and any larger vehicles would not exceed SU-40 (total length of 40 feet). No tractor trailers will be permitted to make deliveries to the hospital. No deliveries by 3rd party service providers, such as deliveries of food/perishables, pharmacy, paper/office supplies, garbage collection, laundry, etc. will occur on weekends. (Emphasis added.) (See, CEEAR, Vol. 1, p. 104.)

In essence, as the Applicants have pointed out, there will be only 5-6 deliveries to the hospital per week, with once a week garbage pick-up and laundry service and probably once a day UPS pick up. Delivery vehicles would be similar in size to the typical Peapod or other trucks serving neighbors today. Tractor trailers will be prohibited. There will be no weekend deliveries. Delivery vehicles will be directed to take specific routes from Route 9 and 9A, over the safest and most efficient local roadways, with 95% of traffic approaching from the south and New Castle and only 5% from the north on Quaker Ridge Road in Cortlandt. As noted in the Applicants’ final April 25, 2019 traffic consultant’s letter, upon which the Town’s traffic consultant has signed off, security staff will only be needed to assist with delivery vehicle exit to the north, notwithstanding that all delivery vehicles will be directed to the south.

Counsel constantly protests that the neighbors are not engaging in “NIMBYism”. To paraphrase a famous line from Shakespeare’s Hamlet, “he doth protest too much”. For the past 6 years, counsel and the neighborhood group have clearly demonstrated that they will say or do anything to prevent the specialty hospital from achieving fruition, as they are now doing with their new “sense of place” approach. As soon as the Applicants overcome one spurious argument, they raise yet another, over and again. The entire record produced by the Applicants’ and the Town’s experts to date demonstrates nothing but the Applicants’ respect for the neighbors and their herculean efforts to mitigate any potential adverse impacts on the

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neighborhood. There can be little doubt that the neighbors would object to *any* reasonable development of the Applicants' combined parcels of almost 50 acres. The Applicants have demonstrated that the traffic and water usage generated by the hospital would be similar to that of a 20-24 lot subdivision, to which the neighbors would no doubt object as well. In the time honored epitome of NIMBYism, the neighbors give lip service to what a laudable use the hospital is – as long as it is not located in their neighborhood.

Page 3 – The Court Decisions against the neighbors -

Counsel claims, without citing any basis therefor, that “there seems to be some misperception during the last Planning Board meeting [February 2, 2021] that the Court may already have rejected CRHISD’s concerns and decided the substantive issues now before your Board.” I attended the same meeting and do not believe the Board had any such misperception. The Board is represented by counsel from the Town Attorney’s Office, who participated in the Court proceedings involving the Zoning Board.

For clarity, as the neighbors’ counsel knows, since the neighbors’ first case against the Zoning Board, in which they incorrectly claimed that the frontage variance is a use variance rather than an area variance, which was dismissed for lack of “ripeness”, the courts have clearly ruled that the State road frontage variance is an area variance. See, *Route 17K Real Estate, LLC v. Zoning Board of Appeals of the Town of Newburgh*, 168 A.D.3d, 1065, 93 N.Y.S.3d 107 (2d Dep’t. 2019), leave to appeal denied, 33 N.Y.3d 905, 101 N.Y.S.3d 740 (2019); *Manocherian v. Zoning Board of Appeals of the Town of New Castle*, Westchester County Index No.: 66342/2016, S.Ct., Westchester Cty, Order and Judgment of Hon. Paul I. Marx, J.S.C., May 16, 2018.

With respect to the second case, we have provided the Board a copy of the Supreme Court’s determination that the proposed use is, in fact, a permitted “hospital”.

While Judge Cacace’s two Decisions did not directly address the issues now before the Board, she expressly recognized the delays and obstruction to which the Applicants have been subjected. Moreover, her Decisions against the neighbors should certainly bear on the credibility of the continued claims.

Counsel’s claim that “Now is the time for the Planning Board to conduct its thorough planning, engineering, and environmental review”, seems rather disingenuous, to say the least, in light of the 6 years worth of review to which the Applicants have already been subjected, as demonstrated by the 4-volume CEEAR and our February 22, 2021 addendum thereto.

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Pages 4-5 of counsel's letter -

At pp. 4-5, counsel expands on his new “community character”/“sense of place” theme discussed above. While those concepts are mentioned, to be balanced against many others, in the various provisions he cites, clearly they must be applied in an objective, not subjective matter. The subjective opinions of neighbors may not supersede the applicable law or the expert analysis provided by the Applicants’ and the Town’s professional consultants. The Applicants have satisfied the Town’s experts with respect to the major initial concerns of the neighborhood regarding traffic and wells. Thus, the neighbors are left grasping at the straw of their subjective concern about “community character” and “sense of place”.

While there has not been a formal public hearing before the Planning Board, the neighbors have already been permitted to speak extensively at prior meetings, including the very first Planning Board meeting in August 2015, as well as the hearings before the Zoning Board, as has their counsel, and they have submitted numerous written comments through various media – all of which have been addressed to date in the CEEAR.

The Applicants’ responses to public comment and their expert submissions have demonstrated that their proposed use will *best* preserve the community character, particularly as compared to other permitted uses, and that they have gone to herculean lengths in order to do so. There is no objective basis in the record to support any claim that the proposed use will in any way ruin the character of the neighborhood. Any “perceptions” of the neighbors to the contrary must be unavailing.

One would expect that the neighbors’ counsel, in their course of regularly and concurrently representing developers of large scale projects before the Town, with much greater impacts, likewise near or within residential neighborhoods, in addressing similar neighborhood opposition to their own clients’ projects would respond similarly.

Pages 6-7 of counsel's letter – Purported “Unanswered Questions”

At the conclusion of his letter, the neighbors’ counsel poses what he purports are “unanswered questions” to be raised by the Board. In fact, as he well knows, he has raised the same questions before, they have already been addressed, and he knows the answers. To a large extent, the issues he raises are not within the proper and legal purview of the Planning Board, in any event.

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Counsel's First "Unanswered" Question -

In his first "question", counsel asks "who will be the actual operator of the proposed hospital?" In asking the question, counsel himself expressly recognizes that the basic principle of zoning law is that it regulates "the use of property and not the user". Accordingly, in the context of its review of another matter at the February 2, 2021 meeting, Deputy Town Attorney Cunningham accurately advised the Board that it should not delve into who would be operating a particular business. Like his other questions, this is not the first time counsel has raised this one. We previously responded to it, for example, in my letter to the Planning Board of February 5, 2019, copied to counsel, which states on page 6 as follows:

As the Applicant has expressly stated from the outset, e.g., in its Addendum to its Expanded Environmental Assessment, dated April 10, 2017:

We know of no other zoning application where there was a discussion of the Board of Directors or Officers of the corporate entity. Zoning Law focuses on the use, not the user. The issuance of an area variance [or site plan/special permit approval] has nothing to do with the internal business operation of the use, and that is not an appropriate topic within the jurisdiction of the Board in any event.

The Applicant has represented from the outset that its principal's owners/investors will not be operating the Specialty Hospital. Rather, the Hospital will be managed by a nationally recognized firm in the field, such as Brown Consulting, Ltd., with whom the Applicant has worked to date, or a firm of similar experience, reputation and stature. Steve Laker, a Principal and a Cortlandt resident, is a representative for the property's investors, and there will be a Board of Directors of suitable experience, a professional staff, and a 24/7 contact name in addition to Steve Laker. The use is regulated by the New York State Office of Alcoholism and Substance Abuse Services (OASAS), as well as the County Health Department. In this regard the identity of the Applicant is not relevant.

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Further, as reflected in the extensive record of the 2019-2020 Zoning Board proceedings and the ensuing Article 78 proceeding in Supreme Court, Westchester County, the Applicants extensively augmented the foregoing information regarding the management of the hospital within an extensive discussion of their professional staff, which will include at least 42 medical and health care professionals. In particular, the Applicants explained at length that the OASAS Regulations applicable to the hospital require it to have a physician to act as Medical Director of the hospital. Copies of the expert reports submitted to the Zoning Board and the Court which describe in exhaustive detail the management and operation of the hospital are annexed to this letter as **Exhibits 1-7**. The neighbors' counsel fully participated in these proceedings and received copies of all of these submissions.

Counsel's Second "Unanswered" Question -

In his second purported "unanswered question", counsel asks "what exactly is the Planning Board being asked to review", which he augments by his false assertion that "the applicant's proposed staffing and services continue to change by the minute depending upon the forum".

First, as Deputy Town Attorney Cunningham, once again, pointed out to the Planning Board at the February 2, 2021 meeting, with respect to another matter, it is not within the Planning Board's legal purview to review the internal operations of the hospital. Counsel knows this. I pointed out the basic law, alluded to Mr. Cunningham, in my letter to the Zoning Board of October 4, 2019, in which I cited the basic principle, with case citations. See, e.g., *Old Country Burgers, Co., Inc. v. Town Board of the Town of Oyster Bay*, 160 A.D.2d 805, 553 N.Y.S.2d 843 (2d Dep't 1990) (conditions on a special permit "must relate directly to the proposed use of the real property, and not to the manner of the operation of the particular enterprise conducted on the premises"); *Summit School v. Neugent*, 82 A.D.2d 463, 442 N.Y.S.2d 73 (2d Dep't 1981).

Accordingly, as the internal operations of the hospital are generally not a matter within the Boards' purview, the Applicants did not go into extensive detail in that regard in their initial 2015 Expanded Environmental Assessment Report, which general discussion was carried over to its March 2019 CEEAR at pp. 37-46. In my January 4, 2021 letter to the Planning Board, in response to counsel's request in his December 31, 2020 letter that "the Board and staff should also thoroughly review the representations made by the Applicants to the ZBA regarding the programmatic elements of the proposed [specialty hospital] to confirm whether any newly proposed services would affect the Planning Board SEQRA and land use reviews", I stated that "there have been no such program changes, and certainly none that would be relevant to the Planning Board's SEQRA and land use reviews or within the legitimate purview of the Board's site planning and special permit authority." In that letter, I clarified the specific issue of "detoxification" as raised by neighbor's counsel.

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Notwithstanding the legal requirement that the Boards not involve themselves in the internal operations of the hospital, a unique exception to the rule necessarily arose in the 2019-2020 Zoning Board proceedings, wherein the Applicants appealed the erroneous determination of the Director of Code Enforcement that their proposed use is not a permitted “hospital” under the Zoning Code. In order to appeal that determination, and to address the arguments of neighbor’s counsel in support of it, it was necessary for the Applicants to demonstrate to the Zoning Board that the use is a “permitted hospital”, which necessarily involved a detailed analysis of its internal operations.

This was the first time an expansive analysis of the hospital’s internal operations was even called for or relevant. Accordingly, that analysis before the Zoning Board did not constitute “changing” the Applicants’ staffing and services “by the minute depending upon the forum”, as counsel falsely claims, but only a much more detailed discussion, clarification and updating by medical and health care professionals, as relevant to that particular proceeding before the Zoning Board, of the more generic presentation in the initial environmental submissions of the Applicants’ planning and engineering consultants six years earlier. Nonetheless, although not legally relevant to the Planning Board’s review, the above-referenced **Exhibits 1-7** hereto set forth in minute detail, the Applicants’ “concrete proposal”, as requested by neighbors’ counsel, for its operation of the hospital, which is in accord with the governing OASAS Regulations. The neighbors’ counsel is well aware of all of this information. Notably, the Zoning Board submissions were submitted to and expressly addressed by Supreme Court, Westchester County, in reversing the Zoning Board’s “default denial” of the Applicants’ appeal from the Director of Code Enforcement’s determination and in holding that, based thereon, the Applicants’ proposed use *is* a permitted “hospital”.

In his second “unanswered question”, counsel also states that the Board should require the Applicants to present a site plan. The Applicants submitted a site plan and other plans in support of their application in July 20, 2015. Those plans have been exhaustively reviewed by the Town’s professional staff and consultants and have been revised on a number of occasions. The plans are referenced in the public hearing notice.

In answer to counsel’s question regarding “what exactly is the Planning Board being asked to review”, the Planning Board is being asked to review the Applicants’ voluminous environmental submissions thus far, including the March 2019 4-volume CEEAR and the subsequent submissions I provided to the Board on February 2, 2021, along with the Applicants’ latest revised plans. While beyond the Board’s legal purview, should it wish to review the nature of the Applicants’ internal operations, it may also review Zoning Board **Exhibits 2-8** hereto. **Exhibit 5**, in particular, includes detailed schedules of the hospital’s proposed staffing, services, and patient activities.

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Counsel's Third "Unanswered" Question -

In his third purported "unanswered question", counsel once again repeats a question which has been asked and answered in the past, *i.e.*, "why has the Applicant not yet submitted a certification application to OASAS under Article 32 of the Mental Hygiene Law?"

I previously answered this same question in my letter to the Planning Board of February 5, 2019, stating:

The Group's counsel attempts to create additional mystery and obfuscation with respect to OASAS licensure. The simple response to that matter, over which the Town has no jurisdiction, is that as the Applicant has stated from the outset as referenced above, the specialty hospital requires State licensure from OASAS. [See, e.g., CEEAR, Vol. 1., p. 46]. Accordingly, the Applicant has expressly recognized from the outset that such State licensure will be a condition of approval. As the OASAS process requires input from the municipality regarding its position with respect to the specialty hospital – the most relevant demonstration of which would be its granting of approvals for same – the Applicant's full engagement in the OASAS licensure process awaits Town action on the application.

Counsel attempts to buttress the validity of his repeated question, despite the fact that it has been previously answered, by repeating a false claim he has made over and over again through the various proceedings, *i.e.*, that the Applicants have confused the relationship of Article 28 of the Public Health Law and Article 32 of the Mental Hygiene Law, citing and misconstruing a reference to these Laws from the Applicants' original 2015 Expanded Environmental Assessment Report, which was carried over, without all of the subsequent clarification that has taken place before the Zoning Board, in the Applicants' March 2019 CEEAR, p. 53.

I specifically addressed counsel's same misleading contention, for example, in my letters to the Planning Board, dated February 5, 2019, to the Town Attorney and Director of Code Enforcement, dated April 23, 2019, (and in the letter from the Applicants' health care consultant, Frank Cicero, of that same date, attached as **Exhibit 3** thereto), and to the Zoning Board, dated June 14, 2019, (and Mr. Cicero's letter of that same date attached thereto), October 4, 2019, October 22, 2019, and November 6, 2019, respectively, all responding to counsel's prior claims regarding the relationship between these statutes – which are not even relevant to the Planning Board's review. The neighbors' counsel is well aware of these numerous previous "answers" to his continued, supposedly "unanswered question" in this regard.

As reflected in these submissions, and as demonstrated in the Zoning Board's proceedings, it was not the Applicants, but the neighbors' counsel and their consultants who confused these statutes. The most cogent explanation of the relationship between these two statutes was presented in our legal consultant, Peter Millock's presentation to the Zoning Board, annexed as **Exhibit 2** hereto, i.e., Article 28 of the Public Health Law is a jurisdictional statute, which in its definition of the term "hospital" for purposes of that statute, expressly delegates the responsibility for various referenced health care facilities among different State statutes and agencies, including delegating facilities such as the specialty hospital to the provisions of the Mental Hygiene Law, including Article 32 and other Articles therein. Mr. Millock, an attorney specializing in health care law, is the former General Counsel to the New York State Department of Health, and was personally involved in drafting these applicable laws. Mr. Millock testified on this matter before the Zoning Board in September 2019 and his analysis was part of the subsequent Article 78 proceeding and was relied upon by the Court.

In a further attempt to prop up his third "unanswered question", which has been answered numerous times, counsel contends that "to make matters more confusing", the Applicants did not include in their 2015 Table of "Project Approvals and Permits Required", their State licensing authority, OASAS, and he thereby questions the propriety of Board's "coordinated review" under SEQRA. Notwithstanding even if the Applicants' omission of OASAS from said Table was an inadvertent error, as counsel well knows, the Applicants have represented from the outset that the hospital requires a license from OASAS. See, e.g., CEEAR, p. 46. Accordingly, on June 15, 2017, the Planning Board properly sent notice of its designation as Lead Agency to OASAS, along with all of the other involved agencies. (See **Exhibit 9** annexed hereto.) Thus, counsel's claim in this regard is moot. The Applicants have expressly recognized from the outset that OASAS licensure will be a condition of Planning Board approval, just as any approvals required from any other agencies.

Counsel's Fourth "Unanswered" Question -

In his fourth "unanswered question", counsel asks whether the hospital can comply with the applicable New York State Building and Fire Codes and audaciously states that the "Planning Board should require the applicant to provide a full analysis of the building system" required by the Codes "as part of its review".

Counsel offers two more false statements in support of his question. First, he states "there was a lot of back and forth before the ZBA regarding compliance with NYS Building Code requirements." That is not true. The issue before the Zoning Board had nothing to do with whether the Applicants' renovation and ultimate use of the property will comply with the

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Building and Fire Codes. The issue arose from the Director of Code Enforcement's erroneous utilization of certain definitions and provisions of the Building Code to support his opinion that the proposed use is not a permitted "hospital", but rather some type of custodial care use. His opinion was rejected by the Court.

Counsel also claims that "the Applicant has taken different positions regarding its occupancy group designation". To the contrary, as counsel well knows, and as documented at length before the Zoning Board and the Court, the Applicants have classified their proposed use as I-2 Occupancy – the category for hospitals – since virtually the outset of their application, as far back as August 2015.

Most importantly, as the Board well knows, the Building and Fire Code issue are generally not within the Board's purview, but are within the jurisdiction of the Director of Code Enforcement in the context of the Building Permit and Certificate of Occupancy phase, following the necessary Board approvals. It is not the Board's practice or within its legal purview to require a "full analysis of the building system". It is within the Board's purview to review related site issues, as acknowledged by counsel, such as "Fire Department access" – an issue which has already been reviewed exhaustively by the Town's professional staff and its traffic consultant and implemented in the Applicants' submitted revised plans.

Counsel's Fifth "Unanswered" Question -

In his fifth and last "unanswered question" – which likewise has already been previously answered – counsel again asks "why is the site listed for sale?" Counsel previously raised this question in his clients' unsuccessful motion to reargue their previously denied motion to intervene before the Supreme Court, Westchester County in the prior Article 78 proceeding between the Applicants and the Zoning Board. In my submission in that proceeding, I answered that question on behalf of the Applicants as follows:

In regard to the issue of prejudicial delay, counsel offers an irrelevant and misleading reference in his Affirmation at footnote 13 to the Property currently being listed for sale – in fact, it has actually been so listed for some five years, throughout the approval process. Such listing is merely in the ordinary course of business of many, if not most, business property owners, whose properties are always for sale – but only, at the right, significantly motivating price, i.e., the proverbial offer they cannot refuse. In noting the listing, counsel misleadingly states that the Property is not listed as a "wellness center". What he neglects to advise the Court is that the listing describes the Property as: **"Excellent for medical facility, an assisted living**

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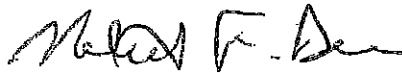
estate, religious institution or a school.” As the Court well knows, the fact that the Property is routinely listed for sale has not in any way dampened the Applicant’s zealous pursuit of its approvals before the Planning and Zoning Boards and this Court. Indeed, those approvals would only enhance the value of the Property. In any event, it is a fundamental principle that zoning law regulates the *use* of property, not the *user*. The routine listing of the Property is irrelevant to this proceeding.

My statement to the Court is equally applicable to the Planning Board.

On the basis of the foregoing, the principal arguments raised in counsel’s February 22, 2021 letter are demonstrably without merit.

Thank you for your consideration.

Very truly yours,



Robert F. Davis

RFD:dds

Enclosures

c: Thomas F. Wood, Esq. (via e-mail)
Josh Subin (via e-mail)
Chris Kehoe, AICP (via e-mail)
Michael Preziosi, P.E. (via e-mail)
Brad Schwartz, Esq. (via e-mail)

SUB-APPENDIX B

PLANNING BOARD MEETING - MARCH 2, 2021

INTRODUCTION

1. Good evening. I am Bob Davis, attorney for the Applicants.
2. Our clients submitted their original application for special permit and site plan approval to your Board in July 2015, some six years ago. The Applicants have already endured an exhaustive review by your Board, the Zoning Board and the Town's professional staff and consultants, together with a 9 month Moratorium and two litigations arising from the Zoning Board proceedings, which has cost them millions of dollars to date. It is well past time to move forward.
3. In the interest of time, I will not go over again the history of the institutional use of the property or the nature of the hospital in detail as I've done many times, or its internal operations as we did at great length before the ZBA. It's all in the record. I'll focus tonight on SEQRA matters.
4. In short, the Applicants propose to use their 20.83 acre Property on Quaker Ridge Road and the 7 existing buildings, including the main hospital building, as a specialty hospital to serve those suffering from alcohol and other substance use disorders. They need only the one area variance, from the State road frontage requirement, first imposed by the 2004 amendment.
5. The Town's 2004 and 2016 Master Plans, and its 2004 Open Space Plan expressly recognize the long institutional use of the Property and the Town's goal of maintaining its existing open space, just as the Applicants propose.
6. This is a very environmentally positive use of this site. The Applicants **will not be building anything**. They will be using only the existing buildings in the same manner for which they were constructed in the 1920's and used for the same type of hospital for 30 years, and as they were later approved for other institutional uses through the 1980's. The use will not affect **any** sensitive environmental areas. Indeed, for example, the Applicants will be planting even more trees and installing an updated septic system to better protect the environment. The substantial undeveloped open space – some **75%** of the Property - will remain. There is only **2%** building coverage, which will not increase.

7. An affiliate owns the adjoining 27.8 acre parcel, which will not be developed, but will act as a buffer area for the hospital. The Applicants have volunteered to restrict that site with a covenant to prohibit its development so long as the hospital exists.
8. Importantly, unlike other permitted government, school and religious uses, the Property will remain on the tax rolls. We estimate taxes will increase by **over a half a million dollars** a year, with no school children and minimal use of Town services.
9. Without even including the adjoining parcel, the Property generally far exceeds the bulk requirements for a hospital special permit. For example, the Property is **twice** the 10-acre minimum lot size, has almost **5 times** the minimum square footage per patient bed (10,000 sq. ft. per bed vs. 2,000 sq. ft. required), and **6 times** the required road frontage length (600 ft. vs. 100 ft. required), along with much larger front yard and rear yard setbacks.
10. Our clients respect the Town and their neighbors, as well as the environment and this beautiful Property. That is why they are: **1)** preserving the 75% existing open space on the 20.8 acres, as well as the adjacent 27.8 acres, **2)** proposing a use that is not only consistent with the historic use, but which has far less impacts than other uses permitted without *any* variance, and **3)** deeply committed to working with the community to address the addiction crisis.
11. They will give special preference to Cortlandt residents, including by reserving beds, affording scholarships, and providing a favorable fee structure, augmented by private insurance. They will also have a neighborhood liaison on staff.
12. They will work closely with the Town, schools, and local organizations to address the substance abuse epidemic, providing speakers and programs as requested.
13. Quite simply, we have demonstrated in our expert submissions that this is the best use of this site for the Town and the neighborhood. It will have **much less impact** on the environment and neighborhood than other uses permitted as of right, such as a subdivision of the combined 50 acres for 20-24 homes, or the school and religious uses which have expressed interest in the Property and which are not subject to the State road frontage requirement.

14. The two principal issues raised by the public have been the possible impacts on neighboring wells and on traffic. Our exhaustive expert documentary proof, as accepted and approved by the Town's professional consultants, has demonstrated that there will be **no significant adverse impacts with respect to wells or traffic.**
15. **As to Wells:** At your December 2018 meeting, our hydrogeologist gave a PowerPoint presentation regarding the extensive well pump testing we performed that past August, which clearly demonstrated that the use will have **no significant adverse impact on off-site wells.** The testing plan was approved by this Board, the Town's professional staff, its hydrogeologist and the County Health Department. The Town's expert agreed that there will be no significant impact. Indeed, there will be **little, if any, impact at all.**
16. In January 2019, we received two well-related approvals from the Health Department, which have been renewed to date:
 - (1) Approval of the water supply system, which was based upon the Department's prior approval of our water use calculations, which were incorporated in our well pump testing, and
 - (2) Approval of our unique, state-of-the-art septic system, which will replace most of the existing system and be much more protective of the environment.
17. In February 2019, our hydrogeologists submitted their report refuting the comments of the neighbors' new consultant in his attempted critique of our well testing. To buttress our response, in March 2019, we submitted an additional report confirming that, as a condition of approval, we will voluntarily conduct a well monitoring program, as approved by the Town's professionals. In addition, we will monitor and submit monthly reports of our water usage to the Health Department and the Town.
18. In April 2019, the Town's consultant submitted his own response to the neighbors' consultant's report. He once again approved our reports, stated there would be no more than "minimal impacts", and **importantly, found no merit to the critique of the neighbors' consultant.**

19. Notably, we far exceeded all normal standards for such well testing, including by:
- (1) the large number of neighbors we invited to participate,
 - (2) the number whose wells we tested, and
 - (3) the extreme level at which we conducted the tests - **72 hours of continuous, simultaneous** operation of the two new wells on the site, which would never happen in actual usage - at a rate more than **double** the expected usage as approved by the Health Department - and without regard to the 12,000 gallon storage tank to be installed to mitigate peak pumping periods.
20. We invited all **9** neighbors requested by their counsel to be included in the test. Only **6** accepted.
21. The Town staff and its consultant, Mr. Canavan were heavily involved in the process throughout.
22. In sum, of **16** neighboring wells tested, over a wide area required by the Town, **14** had no impact at all, and only **2** had small drawdown under these extreme test conditions, which would not occur under actual operations, and which would not affect their function in any case. Nonetheless, the 2 owners have been invited to participate in our post-approval monitoring program.
23. The hospital wells will be consuming relatively little ground water in any event - pumping at a rate similar to a garden hose and not continuously. The experts agree that 85% of the usage will be recycled by the septic system and the net usage will be just a very small percentage of the rain recharge for this large property. The water usage will be similar to that of a residential subdivision of the combined properties.
24. In short, as our experts explained at length, the results of our well pump testing were **extremely positive** and demonstrated a clear **lack of any potential adverse impact** on neighboring wells, even under the extreme testing conditions we employed. In fact, **no discernible impacts** at all are expected.

25. **As to Traffic** - At your January 2019 meeting, our traffic engineer gave a PowerPoint presentation which included the substantial mitigation measures we have voluntarily incorporated into the application, and which demonstrated that the use will have **no significant adverse traffic impacts**. While the Town's consultant raised some minor technical matters at that meeting, he essentially agreed that there will be **no significant adverse traffic impacts**.
26. In February 2019, the Town's consultant submitted a report updating his comments at the January meeting, which were largely technical and non-environmental. Significantly, he found our daily trip estimates acceptable and that they **would not have a significant impact on any of the area intersections**.
27. In March 2019, we responded to the Town consultant's February comments. We received follow up comments from him in April, and we fully addressed those in our response of April 25, 2019. **The Town's consultant then orally advised our traffic engineer that he is satisfied with our final responses.**
28. As our engineer explained at length, our efforts with the Town and its expert to address traffic issues have been extremely productive. Those efforts have ensured that, just as we demonstrated a lack of potential significant impacts on wells, there will be **no potential significant adverse traffic impacts on the neighborhood**.
29. It should be noted that the proposed use will generate much less traffic than other non-residential uses permitted on the property as-of-right - such as religious, school, and government uses. As with its water use, the hospital will generate traffic similar to that of a 20-24 lot residential subdivision for which the adjoining parcels of almost 50 acres could be developed.
30. There will also be less traffic than with the prior institutional uses approved for the site by special permit, including IBM, the Hudson Institute and the hospital approved in 1989, when the neighborhood was fully developed, all of which were permitted up to 225 people on site at one time. The original hospital use, which operated for 30 years, had no occupancy limits. The maximum people we will have at one time, for only one shift, and only if we reach capacity, would only be 129, comprising a maximum of 92 patients, none of whom will have cars, and 37 employees, many of whom would be shuttled. (First yr. – only about 84 total. Final total $92 + 86 = 178$).

31. Even with our ultra-conservative study assumptions, the traffic generated by the proposed use will not cause any delays on area roads. All area intersections will continue to operate at the current Level of Service A, the best possible rating, meaning the least delay.
32. Notwithstanding, in conjunction with the Town's expert, we have voluntarily created a Traffic Management Plan, which would remain in place as a condition of approval, and which includes on-going reporting requirements and numerous mitigation measures to prevent any significant adverse traffic impacts on the character of the neighborhood.
33. These voluntary mitigation measures include the following:
 1. Patients will not be permitted to have vehicles on site or to use vehicles during their stay.
 2. Employee arrival and departure times will be scheduled, off-peak, outside of existing peak traffic hours on area roads.
 3. As most traffic would consist of staff, the staff will be spread over four shifts and two shuttle vans will be used to transport a substantial number of them, from pick-up points outside of the area.
 4. There will only be 5-6 deliveries to the Hospital per week, with once a week garbage pick-up and laundry service and probably a daily UPS pick up. Delivery vehicles would be similar in size to the typical Peapod grocery trucks serving neighbors today. Tractor trailers will be prohibited. There will be no weekend deliveries.
 5. Delivery vehicles will be directed to take specific routes from Routes 9 and 9A, over the safest and most sufficient local roadways, with 95% of traffic approaching from the south in New Castle and only 5% from the north on Quaker Ridge Road in Cortlandt.

6. The existing security gate will be relocated and the entrance way improved to prevent any queuing on Quaker Ridge.
 7. Visitation for each patient is limited to one weekend day per month, with only 25% having visitation on any weekend.
 8. Snow removal and grounds maintenance will be handled on-site.
 9. There will be more than adequate parking on site, much already existing. This specialty hospital will generate far less traffic and require much less parking than a general hospital or a nursing home, as it will have far fewer people coming to the site than those uses. For example, unlike a general hospital, there will be no emergency room, ambulances or outpatient treatment, and unlike a nursing home, visitation is very limited and many employees will use the vans. There will be an on-going parking monitoring program, with reporting to the Town, with similar reporting on traffic along Quaker Ridge Road.
 10. In terms of road conditions, we surveyed Quaker Ridge north and south of the entrance, as requested by the Town, and demonstrated that it generally has a width of 20 feet or more and that there is adequate turning radius for fire trucks and other vehicles into the site. We will remove any vegetation covering pavement along the road in the vicinity. New Castle has already done that in connection with its recent improvements south of the site.
34. In any event, we will generate far less traffic than the additional capacity of Quaker Ridge Road would absorb. We will be using only about 15% of that extra capacity. (120 trips (60 cars) over 24 hours vs. 800 trip capacity).

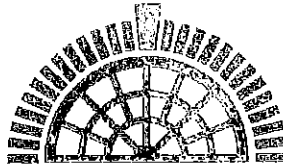
35. In short, given the proposed limited specialty use of the existing hospital buildings, and all of the mitigation measures we have voluntarily made a part of this application, **there will be no significant adverse traffic impacts on:**
- (1) the character of Quaker Ridge Road as a designated historic road,
 - (2) the safe and efficient use of area roads by neighbors and emergency vehicles, or
 - (3) the quality of life and character of the neighborhood from a traffic perspective.
36. **Thus, we have demonstrated to you, by extensive expert analysis, to the satisfaction of your own independent experts, that with respect to the 2 principal environmental concerns raised by the neighbors to date – off-site wells and traffic – there will be no significant adverse impacts.**
37. Accordingly, back in January 2019, we submitted to you our detailed analysis under the SEQRA Regulations, which addressed the regulatory criteria for your determination of significance under SEQRA. Employing those criteria, we demonstrated that the proposed action will have **no significant adverse impacts** and that therefore, we are entitled to a **Negative Declaration** or, at least, a Conditioned Negative Declaration under SEQRA. **Based on your own experts, there is no support in your record for a Positive Declaration.**
38. Significantly, in March 2019, in order to buttress our SEQRA analysis demonstrating non-significance and our entitlement to a Neg Dec, we submitted to you a list of **54 positive and mitigative aspects of the hospital operations, including special accommodations for the Town residents,** which are incorporated in our application and which **further ensure not only that there will be no significant adverse impacts caused by the hospital, but there will be significant positive impacts.** We have proposed them as voluntary conditions of approval.

39. At your January 2019 meeting, the Board suggested that since this has been such a long process - with many submissions - in order to accommodate efficient review by the Board and the public, we should consolidate everything in a “user friendly” manner. Thus, in March 2019, we submitted a four-volume set of our prior submissions (“Consolidated Expanded Environmental Assessment Report”) with an updated version of the environmental analysis we had submitted with our original application in July 2015. These volumes include our strong SEQRA non-significance analysis I just mentioned, in the Vol. 1 “Executive Summary” and Appendix 31, as well as our 54 stipulated conditions in Appendix 37, and all of the other materials we had submitted, including **detailed responses to every single public comment since the outset in 2015. There has already been very substantial public comment.** Our submission easily meets the requirements of an Impact Statement.
40. Last week, JMC submitted a concise summary of the lack of any significant adverse impacts under SEQRA. You can find the back-up details in Vol. 1. We also provided the consolidated balance of the submissions since March 2019.
41. So, at this juncture, we have done everything asked of us by the Town since our initial application, **6 years** ago, and far more. We have voluntarily imposed **dozens** of mitigative measures and conditions on the application. Based on the substantial record, including your own expert reports, which have amply demonstrated that the proposed use **will not have any significant adverse environmental impacts**, we ask that the Board now proceed with a Neg Dec, or at the very least, a Conditioned Neg Dec, in order that the review process may move forward to conclusion before your Board and then, the Zoning Board.
42. In this regard, it must be noted that the prospective patients and therefore, our clients, are protected by the Americans with Disabilities Act. Accordingly, they are legally entitled to reasonable accommodations from the Town in applying its zoning laws.

43. In conclusion, there are over 40,000 Cortlandt residents. In Dec. 2019, over 1,000 residents, and some 5,000 people in all, submitted a Petition to the Town in favor of the hospital. Many residents will benefit from the vital health services and programs our client will provide, with special accommodations offered to them. *All* residents will certainly benefit by the over **half million dollars** in taxes our clients will be adding to annual revenues, as will the Town, the Croton-Harmon School District, the Town and Village libraries, the Highway Department and the Fire District. As the Board knows, our clients' rights are **not** dependent on neighborhood opinion or the views of a relatively few opponents. Rather, their application is governed by their rights under Federal, State and Local Law and by the interests of the *entire* community.
44. We will respond to the neighbors' Feb. 22 submission and all public comment in writing.

Thank you for your consideration.

SUB-APPENDIX C



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March 23, 2021

Via E-Mail and Federal Express

Hon. Loretta Taylor, Chairperson and Members of the Board
Planning Board of the Town of Cortlandt
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe, AICP, Deputy Director, Planning Division

*Re: Hudson Ridge Wellness Center, Inc. and Hudson Education and Wellness Center
2016 Quaker Ridge Road, Town of Cortlandt
Response to Public Accusations and Innuendo*

Dear Chairperson Taylor and Members of the Board:

We are sorry to burden the Board with another submission. However after 6 years of being subjected to defamatory statements and insidious innuendo regarding this application, which impugn my personal and professional integrity and that of the Applicants, I am compelled to write this letter.

As continued with increased intensity (and seeming desperation) at the March 2nd meeting, the neighbors and their counsel have consistently stated or insinuated that the Applicants, and by extension, their counsel, have publicly misrepresented the "real" nature of the proposed hospital and their current and future intentions for the property. In essence, we have been regularly accused of nefarious intent and of perpetrating a "scam" or "shell game" upon the Town. These attacks have been based on fabrication and conjecture, a point wisely raised by a couple of the Board members at the last meeting. These baseless claims could not be further from the truth and will no longer be tolerated with impunity.

I have spent 40 years of my professional life representing clients in land use matters before local boards, including many in this Town. I am proud to have built a reputation where boards can rely upon my preparation and my knowledge of the application and on the fact, that although advocating my client's case, I am doing so in an honest and forthright manner and the representations that I make are true. I do not and will not make misrepresentations before

Hon. Loretta Taylor, Chairperson and Members of the Board

March 23, 2021

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boards, present an application I do not believe to be lawful or appropriate, or represent a dishonest client. I do not represent opposing parties or groups, putting myself in the tenuous position of expressing conflicting positions on the same issue, thereby undermining my credibility.

I have known and worked closely with the Applicants for 7 years. I state unequivocally that they are not misrepresenting *anything* with respect to their proposed use, to which they are deeply and personally committed, or with respect to their intentions for the property. I also state, with equal certainty, that they will not bow to or be curtailed by the personal attacks to which they have been subjected. They are committed to seeing their laudatory goal of their specialty hospital, which they believe will save many lives, through to fruition.

Both my clients' principal representative before the Board and I have strong ties to the Town of Cortlandt, which only strengthen our mutual desire, not only to make a beneficial contribution to the Town and its residents through this worthy proposal, but to ensure that our reputations and standing in the community remain unblemished. In this regard, we share with the Board the following personal information regarding our connections with the Town:

My family has lived, died, worked and played in the Town of Cortlandt throughout most of my life. I was born in Cortlandt, at Peekskill Hospital, now Hudson Valley Hospital. My Dad, aunts, grandparents and many people close to me died there. My parents and sister are buried in Cortlandt. Dr. Becker was my Mom's cardiologist. My deceased sister was a volunteer at Teatown Preserve and a memorial bench has been placed there in her memory. For the first 30 years of my life, I lived in Peekskill. My grandparents lived in Cortlandt, a block from Town Hall and Colonial Terrace. I had my wedding reception there and have attended many functions there. For much of my life, I have spent time in Cortlandt on a daily basis. Growing up, I worked at the Dutch Mill Restaurant, Camp Smith, and Indian Point. I shopped regularly at White's and Caldor's department stores and ate at the area's first McDonald's. I spent summers at Mohansic Park (now FDR) pool and ran cross country through Blue Mountain Park. I spent many Saturday nights at the Hollowbrook and Starlight Drive-Ins or bowling at Cortlandt Lanes. I attended high school with long-time Deputy Town Attorney, John Klarl, who was a close family friend and counsel. I have represented clients in matters with the Town for 40 years. I have known Town Attorney Wood for over 20 years. In short, I have a lifelong connection with the Town. I am proud of my reputation there and most assuredly, will not allow anything to tarnish it.

One of the neighbors' counsel, Mr. Steinmetz, is aware of much of the foregoing information. He embarked as an associate of me and my partners at my prior law firm in 1987. There he commenced his practice of land use law and went on to become my friend and partner, his office adjoining mine, before leaving after 10 years to successfully co-found his present firm.

Hon. Loretta Taylor, Chairperson and Members of the Board

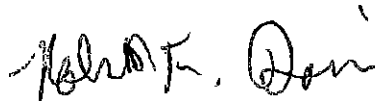
March 23, 2021

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In closing, we respectfully request that in future, the Board ensure that the public restrain its comments accordingly and refrain from the defamatory accusations and innuendo which have characterized many of the comments to date.

Thank you for your kind consideration.

Very truly yours,

A handwritten signature in black ink, appearing to read "Robert F. Davis". The signature is fluid and cursive, with the first name "Robert" and last name "Davis" clearly distinguishable.

Robert F. Davis

RFD:dds

c: Thomas F. Wood, Esq. (via e-mail)
Josh Subin (via e-mail)
Michael Preziosi, P.E. (via e-mail)
Brad Schwartz, Esq. (via e-mail)

APPENDIX 45

SUB-APPENDIX A

PLANNING BOARD MEETING – APRIL 6, 2021

INTRODUCTION

1. Good evening, I am Bob Davis, attorney for the Applicants. I just have some brief comments tonight.
2. As agreed with the Board at the March meeting, we will mainly listen to the public comment tonight. As previously noted, and as referenced in my March 23rd cover letter to our submission for this meeting, we will respond to all public comment, in writing, at the conclusion of the Hearing. As provided in the SEQRA process, the Applicants are entitled to the final response on their own Application, not the opposing parties.
3. Our March 23rd submission responded to the February pre-hearing letter of the neighbors' attorneys as well as to some unfounded accusations and innuendo at the March meeting. We have since received the March submission from neighbors' counsel of over 200 pages. Over 100 pages of that comprised one letter of a neighbor from March 2018, which we refuted three years ago. As you know, we have gone through a long, exhaustive review process with your Board and the Zoning Board, so most of the other comments in counsel's March submission were previously addressed as well.
4. At the April 1 work session it was mentioned that the Applicants would be making further hearing presentations about the application. In fact, we have already made many public presentations before this Board since 2015, so we don't want to burden the Board by being repetitive. We do feel we are somewhat prejudiced by the long delays between our presentations, not of our making. However, with respect to this public hearing, we made our presentation at the January and March meetings. The last was a bit truncated, but you have my outlines for both, along with all of my prior presentations.
5. As I referenced in January and March, I would also call your attention again in particular to the December 2018 presentation of our hydrogeologist and the January 2019 presentation of our traffic engineer. You have also heard a number of presentations from the Town's own independent experts, who have essentially validated and agreed with ours. We have also had numerous meetings with the Town's professional staff to go over every detail of this application and to make many refinements.

6. Everything we presented and our response to all public comment as of that date is encompassed in our March 2019 4-volume Consolidated Expanded Environmental Assessment Report, which includes our SEQRA non-significance analysis in Appendix 31 and our stipulated mitigative conditions in Appendix 37. My February 2021 submission updated you with the submissions since we filed those volumes.

7. So at this point, we have said everything we need to say - and more. We have done everything the Town has asked us to do – and more. We have fully addressed the substantial public comment throughout the 6 years up to this hearing. Now we will await and address the hearing comments in writing at its conclusion. Of course, we reserve the right to make any further presentation if necessary.

8. Finally, in view of some of the insinuations about the Applicants made at the last meeting, I want to share one piece of information about the opposition. I am sure that tonight you will hear many different things pertaining to environmental issues, water, traffic, etc. – which have been addressed at great length already. We know from their social media that the opposition has advised its constituents of the Americans with Disabilities Act, which is applicable to this matter, and accordingly, has essentially asked people to be “politically correct” and told them what they should say. That’s been their approach since the initial public meetings on this matter 5 or 6 years ago, where certain people stated their concerns about “men running through the woods” and the “safety of the children.”

9. But it came as no surprise to us when our client received a message recently from one of the neighbors - perhaps one of counsel’s clients? - stating in part and I quote:

“We certainly don’t need a bunch of drunks and drug addicts roaming our narrow roads and streets. These types of business don’t belong here any more than the yeshivas. They would just attract garbage of many kinds.” End quote.

10. While people certainly have the right to ask reasonable questions - and they certainly have asked many, to which we have already responded at length - the comment I just read, unfortunately seems to be the crux of the matter for many, lying just beneath the surface of their purported environmental concerns. I think it underlies some of the high end/low end discussion we heard last time. It is certainly at odds with the Supervisor’s letter to the Editor last week praising the Town for being such a welcoming community. Sadly, that has not been our experience in this matter.

Thank you for your consideration.

SUB-APPENDIX B

PLANNING BOARD MEETING – APRIL 22, 2021

INTRODUCTION

1. Good evening, I am Bob Davis, attorney for the Applicants. As agreed with Chairperson Taylor and the Board we are waiting till the end of the hearing to respond to public comment, so I will be brief again tonight.
2. At the April 6 hearing session, it became apparent that the primary topic raised by residents from a different neighborhood, not represented by Mr. Schwartz, was the access easement, recently obtained by the Applicants over an adjoining property owned by an affiliate. As the Applicants had no intention of ever using the easement, which is physically impractical, unless required by the Town to do so, my letter of April 7 should put to rest any concerns.
3. According to Mr. Schwartz however, my April 7 letter generated his letter of April 16, which had little to do with the easement. As we don't consider his letter, which mainly just repeats his innuendo and conspiracy theories, to be public comment, we will respond now briefly to correct several false statements in it.
4. First, my letter did not contain a **quote** "story about the access easement" or the Applicants' "version of events", as stated by Mr. Schwartz, but simply the facts regarding the acquisition and nature of the easement and the restriction which the Applicants will place upon it.
5. Mr. Schwartz's statements of his **quote** "suspicions" and "high alert" because of the Applicants' **quote** "pattern of odd behavior" and "trickling out information on its own terms" are ridiculous. The vast expert documentary evidence provided by the Applicants as required by the Town and demanded by the neighbors over the last six years can hardly be called a "trickling", but more like an overwhelming deluge of information demonstrating the lack of impacts.
6. Mr. Schwartz also repeated the same false claim he has made so many times in these proceedings I've lost count, that the Applicants keep **quote** "flip flopping" on what their proposed hospital really is. Once again, as we have responded every time he has repeated this lie, the Applicants have stated from the very outset that the proposed use is a specialty hospital and nothing else – we first met with the Town's professional staff in September 2014, well before the initial application in July 2015, to confirm that the proposed use is a permitted "hospital" under the Town Zoning Code, which is the only definition it must meet, as determined by the Court. The fact that we have compared certain potential impacts, such as water use, traffic and parking to those of other uses simply to demonstrate that the impacts will be far less than a general hospital, is irrelevant to our consistently stated hospital use, as is the name to be given to the hospital.

7. Mr. Schwartz is an experienced zoning attorney, who often represents big projects before the Town and he knows all of this, yet he chooses to repeat his false statements, no matter how many times we refute them.

8. Another false statement he makes in his most recent letter is **quote** “if they care so much about helping people, why do they say they will not accept Medicaid?” Mr. Schwartz knows this repeated claim is false as well. In the Applicants’ 2015 submission, their planners inadvertently confused the fact that the Applicants will not accept patients on public assistance with their acceptance of insurance. As counsel knows, this error has been corrected on the Record more than once. The Applicants have always stated that they will accept insurance of whatever form, including Medicaid. However, Mr. Schwartz continues his false claim anyway. (For example, the Applicants’ expert health care counsel, Mr. Millock did so in the Zoning Board proceedings. See his letter to the Zoning Board of November 7, 2019, p. 4.)

9. At the last meeting, we mentioned the horrible comments sent to our client by someone saying they are an “immediate” neighbor. Mr. Schwartz suggests we misrepresented that incident, calling it a **quote** “alleged anonymous message”. It was not anonymous - we have a copy of the complete message with the name of the sender, but we chose not to expose that person publicly. We did not “imply” it was one of Mr. Schwartz’s clients. We said we didn’t know if it was or wasn’t. The person has since deleted their message. We have determined they do live in the near vicinity, on Spring Valley Road in Ossining.

10. Finally, with respect to misrepresentations, we note that the neighbors recently requested us to perform updated traffic counts. As we were doing so this past weekend, we observed some of them driving back and forth repeatedly over the counters numerous times to falsify the results, just as they did with our earlier counts. They have previously stated publicly on their social media their intention to do so.

11. In short, anyone is certainly free to disagree with the Applicants or object to their proposed use. They are entitled to their own opinion, but they are not entitled to make up their own facts. If anyone is grossly lacking in credibility in this proceeding, it is certainly not the Applicants.

Thank you.

SUB-APPENDIX C

PLANNING BOARD MEETING – MAY 4, 2021

INTRODUCTION

1. Good evening, I am Bob Davis, attorney for the Applicants.
2. We have received the latest letter from Mr. Schwartz. The fact that we refrain from responding to everything he says, in deference to the request of the Board and staff that we avoid back and forth correspondence, should not be deemed any admission of its validity. As agreed with the Board, we will respond in writing to all pertinent comments at the end of the hearing.
3. In that regard, I ask the Board to note Mr. Schwartz's initial comment in his letter, that he is pleased the Board will allow the public to review and comment on the Applicants' written responses. I am not sure the Board actually agreed to Mr. Schwartz's request in that regard, but once again, I point out that just as provided in SEQRA with respect to Final Environmental Impact Statements, where an applicant responds to all public comment and that ends the process, it is the Applicant that gets the last word on its application, not the public. In short, the neighbors do not get to keep commenting on the Applicants' responses to their comments.
4. Otherwise, I will respond briefly to a couple of legal points raised by Mr. Schwartz in his letter.
5. First, in yet again questioning the Applicants' credibility, he cites the case of *Green v. Weiss*. In that case, the Court said the Zoning Board could consider the "lack of candor and good faith" of an applicant, who operated a cabaret business because he had "intentionally misled" the Board "concerning the intended use of the premises". First, unlike that case, notwithstanding the false accusations to the contrary, the Applicants are not misleading the Board. Second, the cited case involved zoning board proceedings, which are quasi-judicial in nature, where the credibility of witnesses *is* an issue. This Planning Board proceeding is not such a quasi-judicial proceeding.
6. Furthermore, we have pointed out time and again that the investors in the specialty hospital, of which there are a number, will not be directing its operations. Experienced management people will be retained. There will be an experienced Board of Directors. The regulations require a Medical Director, who is a physician. There will be a staff of over 40 doctors, nurses and other licensed professionals from the outset.

7. Mr. Schwartz cites another case, *Muller v. ZBA of Lewisboro*, for questioning whether the Zoning Board has the power to grant relief to the Applicants from the State road frontage requirement. This is another misrepresentation. First, the Town Zoning Board has already determined in a lengthy interpretation proceeding initiated by Mr. Schwartz, that it may issue an area variance from the State road frontage requirement. As Mr. Schwartz knows, that determination has been effectively upheld by the courts in two other cases since, including one in the Appellate Division, Second Department, and one involving the Sunshine Home in New Castle. The case he cites does no more than recite existing law that special permit requirements may not simply be waived or disregarded, but an area variance is needed to vary any such requirement. The Applicants have applied for such a variance. As such, the case cited is not relevant

8. Finally, Mr. Schwartz once again raises possible “unlawful segmentation”, under SEQRA, claiming that the Board should not rely on the Applicants’ representations that they have no plans other than those in their application. The Board has recognized that it is addressing only the application which is before it. Improper segmentation occurs only when an applicant has a definitive plan for the property beyond that which is before the Board. No such plan exists in this case.

9. To prevent his baseless speculated segmentation, Mr. Schwartz calls for the Board to require a conservation easement on the Applicants’ affiliate’s 48-acre New Castle property. The Applicants have stated from the onset they will voluntarily place a restrictive covenant on that property to maintain it in its existing state so long as the Cortlandt property is used as a hospital. There is no basis to place a conservation easement on the New Castle property to prohibit its use in perpetuity in the event that there is no hospital use in Cortlandt or the hospital use ceases. The Board has no legal authority to require such a Conservation Easement in New Castle in any event.

10. Further, with respect to the Access Easement on another affiliate’s property, which Mr. Schwartz likewise requests be restricted in perpetuity, my April 7th letter represented that the Applicants would likewise place a restrictive covenant on the Easement that it will not be used in connection with the hospital.

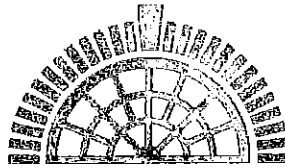
11. We have two speakers tonight: At this point, I will introduce the first speaker tonight on behalf of the Applicants, our traffic engineer, Richard Pearson. Rich will update the PowerPoint presentation he made to you in January 2019.

- - -

12. I will now introduce Brian Baldwin, one of our experts in the operation of such facilities and the OASAS Regulations, who, among many other qualifications, worked for OASAS, and who testified before the ZBA. We have filed his written submissions with your Board, along with his CV.

APPENDIX 46

SUB-APPENDIX A



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December 17, 2020

Via E-Mail and Federal Express

Hon. Loretta Taylor, Chairperson and Members of the Board
Planning Board of the Town of Cortlandt
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe, AICP, Deputy Director, Planning Division

*Re: Hudson Ridge Wellness Center, Inc. and Hudson Education and Wellness Center
2016 Quaker Ridge Road, Town of Cortlandt
January 5, 2021 Planning Board Meeting*

Dear Chairperson Taylor and Members of the Board:

As you know, our firm represents the Applicants, who are seeking a special permit and site plan approval from your Board to operate a specialty hospital to serve patients suffering from substance use disorder. As a reminder, the Applicants are proposing to reuse the existing buildings at the subject property, originally used for similar hospital and other institutional purposes, with no new construction, except the updating of the septic system. The Applicants also require an area variance from the Zoning Board from the State road frontage requirement for hospital special permits. The Planning Board is the Lead Agency under SEQRA with respect to this application.

At the January 5, 2021 meeting, I will update the Board in detail as to where we were in the review process as of our last appearance before the Board on the substance of the application on January 8, 2019.

In short, some four years after the commencement of this application and after two prior litigations, upon receipt of an inquiry in February 2019 from counsel for the neighborhood opposition group as to whether the proposed specialty hospital constitutes a permitted "hospital" use under the Zoning Code, this Board directed that belated question to its professional staff. On March 21, 2019, the Director of Code Enforcement rendered his opinion to the Board that the

Hon. Loretta Taylor, Chairperson and Members of the Board
December 17, 2020
Page 2

proposed use does not constitute a “hospital”. Notwithstanding the substantial written objection of Applicants’ counsel to the contrary, on May 16, 2019, he reiterated that opinion.

Thus, the Board’s review of this application ceased and the Applicants were compelled to appeal the Director’s determinations to the Zoning Board. The Zoning Board proceedings on the Applicants’ appeal lasted from June 2019 until January 2020, when the Zoning Board, by a 3-1 vote in favor of the Applicants, with two members recused and one new member abstaining, set aside the Director’s erroneous determinations. However, as State law requires 4 votes of the 7-member Zoning Board to effectuate any such approval, the Board’s 3-1 vote was deemed to constitute a “default denial” under the statute. Accordingly, although, the 3-1 majority of the Board voted in favor of the Applicants, the Applicants were compelled to bring an Article 78 proceeding against the Board to set aside its “default denial” and the Director’s determinations.

On September 24, 2020, the Supreme Court, Westchester County ruled emphatically and conclusively in favor of the Applicants, holding that the proposed use is clearly a permitted “hospital” under the Zoning Code and directing the Zoning Board to render a Decision and Order in accordance with the Court’s directive. A copy of the Court’s Decision Order & Judgment is enclosed herewith. Accordingly, the application may now proceed before the Planning Board.

At the point of interruption of this Board’s review, 1½ years ago, after exhaustive analysis, the Applicants had been determined by the Town’s hydrogeological and traffic consultants, respectively, to have satisfactorily addressed all relevant issues in demonstrating the lack of any significant adverse impacts either on off-site wells or traffic, the two primary issues raised by the public. Accordingly, the Applicants requested that the Board proceed to render its SEQRA determination, specifically a Negative Declaration or Conditioned Negative Declaration. In support of that request, on January 10, 2019, the Applicants submitted to the Board a detailed analysis of the proposed use *vis a vis* the SEQRA criteria for a determination of significance – demonstrating there would be no significant adverse environmental impacts. In addition, the Applicants submitted as part of their application, a list of 54 positive and mitigative aspects of its prospective hospital operations, including special accommodations for the Town and Town residents, which would not only further ensure there would be no significant adverse environmental impacts, but that there will be significant positive impacts, and which the Applicants proposed as conditions of approval.

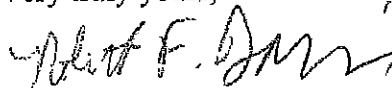
On March 28, 2019, as the Board had requested in order to facilitate its efficient and thorough review, the Applicants submitted a 4-volume set consolidating all prior submissions, with a fully updated version of its environmental analysis and its responses to all public comments.

Hon. Loretta Taylor, Chairperson and Members of the Board
December 17, 2020
Page 3

Thereafter, in April 2019, the Town's Traffic Consultant submitted his final comments, to which the Applicants fully responded. Given the passage of time since these submissions, we respectfully request that Board and staff review same, with the intent of moving expeditiously forward subsequent to the January 5, 2021 meeting with the previously requested SEQRA determination.

Thank you for your consideration.

Very truly yours,

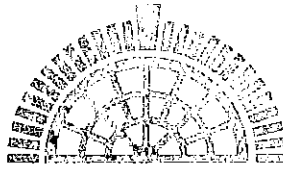
A handwritten signature in dark ink, appearing to read "Robert F. Davis", written in a cursive style.

Robert F. Davis

RFD:dds
Enclosure

c: Steven Laker (via e-mail)
Richard Pearson (via e-mail)
Robert Peake (via e-mail)
Thomas Cusack (via e-mail)
Karen Destefanis (via e-mail)
Ralph Mastromonaco (via e-mail)

SUB-APPENDIX B



SINGLETON, DAVIS & SINGLETON PLLC

ATTORNEYS AT LAW

THOMAS J. SINGLETON, 1930-2015

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WHITNEY W. SINGLETON*

ALEXANDER D. SALVATO

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January 4, 2021

Via E-Mail and Federal Express

Hon. Loretta Taylor, Chairperson and Members of the Board
Planning Board of the Town of Cortlandt
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe, AICP, Deputy Director, Planning Division

*Re: Hudson Ridge Wellness Center, Inc. and Hudson Education and Wellness Center
2016 Quaker Ridge Road, Town of Cortlandt
January 5, 2021 Planning Board Meeting*

Dear Chairperson Taylor and Members of the Board:

We are in receipt of the letter of counsel for the neighborhood opposition group, dated December 31, 2020. We offer the following brief responses to each of the points raised therein.

As set forth in my letter to the Board of December 17, 2020, the Supreme Court, Westchester County has set aside the 2019 Determinations of the Director of Code Enforcement and the January 2020 3-1 Determination of the Zoning Board in favor of the Applicants, constituting a statutory "default denial", in holding that the proposed use is a permitted "hospital" under the Town Zoning Code. On December 16, 2020, as directed by the Court, the Zoning Board held in pertinent part, as follows:

NOW THEREFORE BE IT RESOLVED, that
pursuant to the Decision, Order and Judgment (Index #1167/20) by the Honorable Susan Cacace, Acting Justice of the Supreme Court, the applicant [sic] proposed establishment of an OASAS-certified residential substance abuse treatment facility on the project site constitutes the operation of a "hospital" within the meaning of the Town Code. This matter is hereby put back on the ZBA agenda and, if necessary is referred to the Planning Board for further review.

Hon. Loretta Taylor, Chairperson and Members of the Board

January 4, 2021

Page 2

These Determinations are binding on this Board. The fact that the opposition group, whose motions to intervene in the Supreme Court action were twice denied by the Court, disagrees and are “pursuing [their] appellate rights before the Appellate Division” is of no relevance to the proceedings before this Board. As it is the Applicants’ view that the opposition group, as a non-party, is clearly precluded by law from appealing the Supreme Court’s Determination, we have moved to dismiss the group’s three pending appeals. That motion is pending determination in the Appellate Division, Second Department. Notably, the group has been consistently unsuccessful in its legal efforts to contest the Applicants’ rights with respect to its specialty hospital. Perhaps that fact should bear on the Board’s assessment of the validity of the group’s claims going forward. The following “bullet points” correspond to those counsel’s December 31 letter:

- With respect to counsel’s claim that “an Environmental Impact Statement is required under SEQRA”, we respectfully submit that that claim is rendered demonstrably false by the numerous submissions made to this Board by the Applicants’ expert consultants and the Town’s own expert consultants. In particular, as set forth in my December 17 letter, in January of 2019, the Applicants submitted to the Board a detailed analysis of the proposed use *vis a vis* the SEQRA criteria for a determination of significance – demonstrating there would be no significant adverse environmental impact to warrant an Environmental Impact Statement. In addition, the Applicants submitted as part of their application, a list of 54 positive and mitigative aspects of its prospective hospital operations, including special accommodations for the Town and Town residents, which would not only further ensure there would be no significant adverse environmental impacts, but that there will be significant positive impacts, and which the Applicants propose as conditions of approval.

- In further regard to counsel’s purported rationale for requiring an Environmental Impact Statement, on March 28, 2019, as the Board had requested in order to facilitate efficient and thorough review by the Board and the public, and just as counsel suggests, the Applicants submitted a 4-volume “Consolidated Expanded Environmental Assessment Report” consolidating all prior submissions to date, with a fully updated version of their environmental analysis and their responses to all public comments on this matter since the initiation of the application in July 2015. This was augmented by several pieces of correspondence between the Applicants’ and the Town’s respective traffic consultants in April 2019. This submission, which contained said fully updated environmental analysis, more than satisfies the intentions of any Environmental Impact Statement. As requested by the Applicants two years ago, the Applicants’ submissions to date clearly demonstrate that the Applicants are entitled to a Negative Declaration, or at the very least, a Conditioned Negative Declaration, under SEQRA.

Hon. Loretta Taylor, Chairperson and Members of the Board

January 4, 2021

Page 3

- With respect to counsel's claim that the proposed specialty hospital "would violate the Town's requirement" of State road frontage for hospital special permits, that is a very misleading statement. As counsel well knows, the Applicants have applied to the Zoning Board for an area variance from the frontage requirement that was added to the hospital special permit requirements in 2003. In yet another Zoning Board and court proceeding in which the opposition group was unsuccessful, the Zoning Board rejected the group's spurious argument that that said variance is a use variance, not an area variance. Since then, the Supreme Court, Westchester County and the Appellate Division, Second Department, have put that issue to rest once and for all, finding that a State road frontage variance is, in fact, an area variance.

- With respect to counsel's claim that the specialty hospital "would run afoul of the Town's 2016 Master Plan", which designates the Quaker Ridge area as a "scenic resource", unlike a 20-lot residential subdivision, for example, the proposed hospital will use the existing buildings on the site, whose exteriors will not be altered, there will be no construction, other than to update the septic system to better protect the environment and the entrance way for traffic safety, with almost 50 wooded acres to be preserved as is. No sensitive environmental features will be disturbed at all. Thus, the quality of the Quaker Ridge area as a "scenic resource" will not be negatively affected in any way whatsoever. The Applicants' Expanded Environmental Assessment Report discusses at length the consistency of the proposed use with the Town's Master Plan and Open Space Plan.

- With respect to counsel's claim that the proposed specialty hospital would significantly affect the neighborhood character as a result of traffic, the issue of traffic has been exhaustively studied at this point, with significant mitigation measures provided, and with the Town's expert traffic consultant essentially finding that there will be no significant adverse traffic impacts, with the highest level of service, Level A, being maintained at all relevant intersections. The additional traffic will be significantly less than that which would be generated by uses permitted as of right.

- With respect to counsel's request that the Board should evaluate the January 2019 Report of the opposition group's latest hydrogeologist in consultation with the Town's hydrogeologist, the Board has already done so. At the Board's December 2018 meeting, our hydrogeologist gave a Powerpoint presentation regarding the extensive well pump testing the Applicants performed in August 2018, which clearly demonstrated that the use will have no significant adverse impact on off-site wells. The Town's hydrogeologist agreed that there will be no significant impact. Indeed, there will be little impact at all. Nonetheless, the Applicants have submitted an extensive post-approval well-monitoring program, also as approved by the Town's hydrogeological consultant. On February 26, 2019, the Applicants' hydrogeological consultant submitted their report

Hon. Loretta Taylor, Chairperson and Members of the Board

January 4, 2021

Page 4

refuting each and every comment in the referenced report of the neighbor's new consultant. To buttress that response, on March 6, 2019, the Applicants submitted an additional report confirming that, as a condition of approval, the Applicants will conduct an extensive post approval well-monitoring program of the off-site wells, and, in addition, will monitor and submit monthly reports of water usage to the Health Department and the Town. On April 11, 2019, the Town's hydrogeological consultant submitted his own response to the neighbor's consultant's report. He once again confirmed the Applicants' reports to be accurate and found no merit at all to the comments of the neighbor's consultant.

- Finally, with respect to counsel's request that the Board and staff should thoroughly review the representations made by the Applicants to the ZBA regarding the "program elements" of the proposed hospital to "confirm whether any newly proposed services would affect the Planning Board's SEQRA and land use reviews", there have been no such program changes, and certainly none that would be relevant to the Planning Board, SEQRA and land use reviews or within the legitimate purview of the Board's site planning and special permit authority.

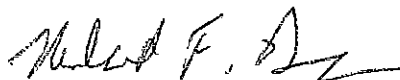
With respect to counsel's reference to "detoxification", there has been no change in the Applicants' proposed use. This issue arose only because of the detailed review by the Zoning Board of the hospital's internal operations to determine whether it constituted a permitted "hospital", which internal operations are generally not relevant to this Board's review or even properly reviewable by the Board under applicable law. When the Applicants initially advised the Board that there would not be "detoxification" on site, but that detoxification would take place at a general hospital off-site prior to patient admission, the reference was to "detoxification" in its generic sense as understood by most laymen, not to the very technical classifications and terms of art utilized in the State OASAS Regulations, which will govern the specialty hospital. The Applicants' generic use of the term "detoxification" equates to what the OASAS Regulations refer to as the most acute level of detoxification or "medically managed withdrawal and stabilization services", which are designed for patients who are acutely ill from substance-related addiction or dependence, with severe withdrawal symptoms, at risk of acute physical or psychiatric co-morbid conditions. This level of detoxification takes place in general hospitals and will not take place – or be permitted by the regulations to take place - in the specialty hospital. Under the OASAS Regulations, patients who have been largely stabilized in a medically managed detoxification in a general hospital may "step down" to "medically supervised withdrawal and stabilization services", which is what the specialty hospital will be authorized by the Regulations to provide.

Hon. Loretta Taylor, Chairperson and Members of the Board
January 4, 2021
Page 5

Upon request of the Board, the Applicants will be pleased to provide the reports of its expert consultants provided to the Zoning Board with respect to its internal program operations, but once again, I respectfully submit that such matters do not fall within the Board's bailiwick. As we have stated from the outset, however, the public record of each of the two Boards reviewing this application shall be deemed part of the record of the other as well.

Thank you for your consideration.

Very truly yours,

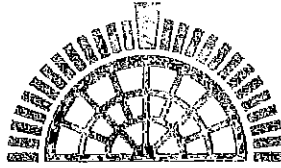
A handwritten signature in black ink, appearing to read "Robert F. Davis", with a stylized flourish at the end.

Robert F. Davis

RFD:dds

c: Steven Laker (via e-mail)
Thomas F. Wood, Esq. (via e-mail)
Michael Preziosi (via e-mail)
Bradley Schwartz, Esq. (via e-mail)
Richard Pearson (via e-mail)
Robert Peake (via e-mail)
Thomas Cusack (via e-mail)
Karen Destefanis (via e-mail)
Ralph Mastromonaco (via e-mail)

SUB-APPENDIX C



SINGLETON, DAVIS & SINGLETON PLLC

ATTORNEYS AT LAW

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ROBERT F. DAVIS

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* ALSO MEMBER CONNECTICUT & FLORIDA BARS

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January 21, 2021

Via E-Mail and Federal Express

Hon. Loretta Taylor, Chairperson and Members of the Board
Planning Board of the Town of Cortlandt
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe, AICP, Deputy Director, Planning Division

*Re: Hudson Ridge Wellness Center, Inc. and Hudson Education and Wellness Center
2016 Quaker Ridge Road, Town of Cortlandt*

Dear Chairperson Taylor and Members of the Board:

We are in receipt of the letter of the neighborhood opposition group's counsel, dated January 20, 2021. In my letters to the Board of December 17, 2020 and January 4, 2021, as well as my comprehensive presentation at the January 6, 2021 meeting, we have amply refuted counsel's repeated request that the Board adopt a Positive Declaration under SEQRA. In short, there is no basis in the comprehensive record before the Board to render any SEQRA determination other than a Negative Declaration or Conditioned Negative Declaration. Counsel acknowledges that the Board has all it needs in the Applicants' four-volume "Consolidated Expanded Environmental Assessment Report" to render its SEQRA Determination. A public hearing will be held on the application regardless of that determination. Counsel's request is simply another effort to forestall the application in the opposition group's seemingly never-ending war of attrition.

Further, we strongly object to the opposition group's attempt to postpone or in any way control the scheduling of the further review of this application. The group has had in its possession, due to its constant monitoring of the application, all of the items comprising the Consolidated Expanded Environmental Assessment Report, which were filed from 2015-2019, *well prior* to its submission in March 2019. Moreover, in the various proceedings before the Boards and the Court, we have repeatedly referenced the four-volume compendium, as counsel is well aware. As just one of many examples, see my outline of my June 4, 2019 presentation to the Planning Board, when I specifically discussed our submission of the four-volume set in

Hon. Loretta Taylor, Chairperson and Members of the Board
January 21, 2021
Page 2

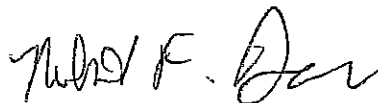
March 2019. The fact that counsel for the group has chosen to wait some two years before "carefully" going through it should be of no consequence whatsoever to the Applicants or the Board.

Counsel's request is rendered all the more outrageous by the fact that the Town's review of this application, which involves no new construction, is now approaching **six years** in length, resulting in millions of dollars in unnecessary costs to the Applicants. No less than three years of the extensive delays in the review process have been caused by two litigations arising out of spurious claims of the opposition group, which have been soundly rejected by the courts. Quite simply, enough is enough!

As we have previously noted, the opposition group has comported itself throughout as if it is an equal partner in the application. It is not. Its members have the right only to be heard at public hearings on the application. On the other hand, the Applicants have substantial rights of due process in the consideration of their application and significant property rights, which are protected not only by State Law, but in this case, by Federal Law. We respectfully ask the Board to keep in mind the significant difference between the rights of the Applicants and those of the opposition group going forward.

Thank you for your consideration.

Very truly yours,

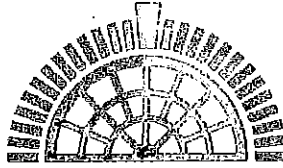


Robert F. Davis

RFD:dds

c: Thomas F. Wood, Esq. (via e-mail)
Josh Subin (via e-mail)
Chris Kehoe, AICP (via e-mail)
Michael Preziosi, P.E. (via e-mail)
Brad Schwartz, Esq. (via e-mail)

SUB-APPENDIX D



SINGLETON, DAVIS & SINGLETON PLLC

ATTORNEYS AT LAW

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February 22, 2021

Via E-Mail and Federal Express

Hon. Loretta Taylor, Chairperson and Members of the Board
Planning Board of the Town of Cortlandt
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe, AICP, Deputy Director, Planning Division

*Re: Hudson Ridge Wellness Center, Inc. and Hudson Education and Wellness Center
2016 Quaker Ridge Road, Town of Cortlandt
2021 Addendum to March 28, 2019
Consolidated Expanded Environmental Assessment Report*

Dear Chairperson Taylor and Members of the Board:

As requested by the Board at the February 2, 2021 meeting, enclosed for the Board's convenience, are the following items filed with the Board subsequent to the filing of the Applicants' 4-volume Consolidated Expanded Environmental Assessment Report ("CEEAR"), prepared by JMC and dated March 28, 2019, which are being submitted for the record:

1. April 11, 2019 report of the Town's hydrogeological consultant, in response to the February 2019 Report of the neighborhood group's hydrogeologist.
2. April 16, 2019 follow-up comments of the Town traffic consultant in response to JMC's March 21, 2019 responses to his prior comments.
3. April 25, 2019 response of JMC to the Town traffic consultant's April 16, 2019 comments.
4. Robert F. Davis June 4, 2019 Planning Board presentation outline.
5. Letter of Robert F. Davis to Planning Board, dated December 17, 2020, with copy of Court Decision.

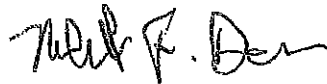
Hon. Loretta Taylor, Chairperson and Members of the Board
February 22, 2021
Page 2

6. Letter of Robert F. Davis to Planning Board, dated January 4, 2021.
7. Robert F. Davis January 5, 2021 Planning Board presentation outline.
8. Letter of Robert F. Davis to the Planning Board, dated January 21, 2021.

We have not enclosed the Applicants' expert reports submitted in the 2019-2020 Zoning Board proceedings relating to the internal medical and health care operations of the specialty hospital. However, we will provide them upon request and as consistently noted, the Zoning Board record shall be deemed part of the Planning Board record and vice versa.

Thank you for your consideration.

Very truly yours,



Robert F. Davis

RFD:dds
Enclosures

c: Thomas F. Wood, Esq. (via e-mail)
Josh Subin (via e-mail)
Chris Kehoe, AICP (via e-mail)
Michael Preziosi, P.E. (via e-mail)
Brad Schwartz, Esq. (via e-mail)

SUB-APPENDIX E



SINGLETON, DAVIS & SINGLETON PLLC

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March 23, 2021

Via E-Mail and Federal Express

Hon. Loretta Taylor, Chairperson and Members of the Board
Planning Board of the Town of Cortlandt
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe, AICP, Deputy Director, Planning Division

*Re: Hudson Ridge Wellness Center, Inc. and Hudson Education and Wellness Center
2016 Quaker Ridge Road, Town of Cortlandt*

Dear Chairperson Taylor and Members of the Board:

Enclosed on behalf of the Applicants are the following items:

1. My letter of this date in response to the letter of Zarin & Steinmetz, dated February 22, 2021, submitted at the submission deadline for the March 2, 2021 meeting.
2. My presentation outline for the March 2, 2021 meeting. At the meeting, given the late hour, the Chairman requested that I reduce my presentation substantially. This is my complete presentation.
3. My letter of this date addressing certain false accusations and innuendo made at the March 2, 2021 meeting and during the review proceedings.

Rather than responding at the hearing sessions, we will respond to all public comment, in writing, subsequent to the closure of the hearing. However, we respectfully reserve the right to respond at the hearing and to present any further information at the hearing, as we deem necessary.

Hon. Loretta Taylor, Chairperson and Members of the Board

March 23, 2021

Page 2

The opposition group's counsel has requested a 2-week time period from the closure of the hearing to submit written comments. Whatever such period may be afforded to counsel, we request 2 weeks thereafter within which to reply to public comment made at the hearing and to written comments submitted thereafter and to make any other final written submission. We believe this will prevent the "back and forth" submissions which have occurred at the conclusion of prior hearings and appropriately, afford the Applicants the final word with respect to their own application.

Thank you for your consideration.

Very truly yours,

A handwritten signature in black ink, appearing to read "Robert F. Davis", with a stylized flourish at the end.

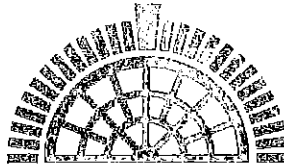
Robert F. Davis

RFD:dds

Enclosures

c: Thomas F. Wood, Esq. (via e-mail)
Josh Subin (via e-mail)
Michael Preziosi, P.E. (via e-mail)
Brad Schwartz, Esq. (via e-mail)

SUB-APPENDIX F



SINGLETON, DAVIS & SINGLETON PLLC

ATTORNEYS AT LAW

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March 23, 2021

Via E-Mail and Federal Express

Hon. Loretta Taylor, Chairperson and Members of the Board
Planning Board of the Town of Cortlandt
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe, AICP, Deputy Director, Planning Division

*Re: Hudson Ridge Wellness Center, Inc. and Hudson Education and Wellness Center
2016 Quaker Ridge Road, Town of Cortlandt
Response to neighbors' counsel's letter dated February 22, 2021*

Dear Chairperson Taylor and Members of the Board:

This letter is in response to the letter of neighbors' counsel, dated February 22, 2021.

Introduction

At the outset, we note that, in large part, the claims raised in counsel's letter, particularly with respect to his purported "unanswered questions", have previously been raised and addressed by the Applicants many times during the past 6 years before the Planning and Zoning Boards. In part, it appears that counsel is attempting to "relitigate" the issues resolved against the neighbors in the Zoning Board proceedings, or to now overcome their failures in those proceedings, by concocting still new reasons to deny the Applicants' specialty hospital.

Having unsuccessfully made the spurious claim before the Zoning Board that the State road frontage variance required by the Applicants is a use variance rather than an area variance and then, after 5 years of review, and seeing that the Applicants had satisfied the Town's experts on the principal issues of wells and traffic, the equally unsuccessful and spurious claim that the proposed use is not a "hospital", the neighbors now have yet a new approach. Despite the demonstrated lack of well, traffic and other impacts on the neighborhood, they now raise their "community character" concerns, based on their subjective personal opinion about their "sense of place" and how they "perceive" their community. They are using social media to coordinate with others to take this new approach before the Board. (See, e.g., the announcement from the neighborhood group's website, annexed hereto as **Exhibit 1.**)

Hon. Loretta Taylor, Chairperson and Members of the Board

March 23, 2021

Page 2

Quite simply, the neighbors now wish to substitute their own subjective standard for the review of the Applicants' proposed use, in place of an objective and legal standard, based on expert analysis. Of course, the subjective opinion of a neighborhood opposition group is one which neither the Applicants nor *any* applicant could ever hope to satisfy. That is why the Board's review is governed by the requirements of State and local law – and in this case, Federal law as well - which include the requirements that its decisions not be arbitrary and capricious or unsupported by the substantial evidence, that expert evidence takes precedence over neighborhood opposition, and in this case, under the Americans with Disabilities Act, that reasonable accommodations be made for the Applicants and their prospective patients. As the Board well knows, its determination must be in accordance with law, not neighborhood opinion, with which, not surprisingly, the law rarely seems to coincide.

With respect to counsel's request for a post-hearing submission period, we respectfully request that whatever such period is provided, as is appropriate, the Applicants be afforded the opportunity of final response.

The responses below are organized to correspond to the pages of counsel's February 22nd letter.

Page 1 of counsel's letter -

On page 1 of his letter, counsel, to illustrate his statement regarding his clients' properties "immediately abutting the site with backyards and decks having a direct view into the site", offers 83 Quaker Hill Drive and photo Exhibit A depicting a portion of its backyard as an example. This is misleading. The Board should note that the house at 83 Quaker Hill Drive, similar to the houses on the other adjoining properties on Quaker Hill Drive, is located at a much higher elevation than the Applicants' property, and approximately 300 feet from the Applicants' nearest ancillary building. Likewise, it is located approximately 800 feet from the Applicants' main hospital building on the other side of the Applicants' property, which does not adjoin any neighbors, but only a 27.8 acre parcel in New Castle controlled by the Applicants.

The ancillary, residential-style building in question will be used mainly for offices and meetings, as the patients will principally stay on the opposite side of the property. The subject ancillary building has been there and used for institutional purposes since the 1920's, before the construction of the houses on Quaker Hill Drive. Its setback is legally non-conforming.

Hon. Loretta Taylor, Chairperson and Members of the Board

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Notably, since the submission of their application in 2015, the Applicants have observed that the owners of adjoining properties, including 83 Quaker Hill Drive, have cleared a substantial number of trees and other vegetation from their adjoining rear yards, in what appears to be an attempt to be able to look directly into the Applicants' property. In any event, these adjoining owners have intentionally made the Applicants' property much more visible from their own properties – a self-created “hardship”. This includes Mr. Shannon residing at 2022 Quaker Ridge Road, who invited the Board to see the view from his residence.

Counsel then claims that “the Applicant proclaims [its hospital] would ‘target affluent adults’ from New York City and across the country”. This is also a misleading statement. In selectively paraphrasing a paragraph regarding the specialty hospital’s “market area” from the Applicants’ consultant’s 2015 “Project Narrative Description,” contained in its original 2015 Expanded Environmental Assessment Report, counsel conveniently omits the introductory statement of the paragraph that: “The primary market area for Hudson Education and Wellness Center Addiction Treatment Services is defined as the region around New York City.”

Counsel also conveniently omits the Applicants’ representation from the outset that they will provide special preference to Cortlandt residents, including by reserving beds for them, providing them some annual scholarships, and providing them a favorable fee structure. The Applicants have also represented from the outset that they will work closely with the Town and local schools and organizations to address the substance abuse epidemic, providing speakers and programs as requested.

Notwithstanding, while the Applicants’ emphasis, as expected, will be on serving people from the Town and surrounding area, the patients *could* be from anywhere. When counsel raised the spurious claim before the Zoning Board that hospitals in Town should be limited to Town residents, I addressed it, in pertinent part, in my letter of October 4, 2019 to the Zoning Board in pertinent part as follows:

First, the Town’s zoning enabling authority under Town Law Article 16 affords the Town authority with respect to land use matters only. As such, it is a fundamental principle of zoning law as set forth by the Court of Appeals that the Town, including its Zoning Board, has the authority only to regulate the land use, not its owners or occupants, i.e., to regulate the use, not the users. See, e.g., *St. Onge v. Donovan*, 71 N.Y.2d 507, 527 N.Y.S.2d 721 (1988); *Sunrise Check Cashing v. Town of Hempstead*, 20 N.Y.3d 481, 964 N.Y.S.2d 64 (2013). As stated in *Sunrise*:

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A town's power to adopt zoning regulations derives from Town Law §261, which authorizes town boards 'to regulate and restrict the height, number of stories and size of buildings and other structures, the percentage of lot that may be occupied, the size of yards, courts, and other open spaces, the density of population, and the location and use of buildings, structures and land for trade, industry, residence or other purposes' (*see also* Town Law §263 [listing the purposes of zoning]).

Our cases make clear that the zoning power is not a general police power, but a power to regulate land use: '[I]t is a fundamental principle of zoning that a zoning board is charged with the regulation of land use and not with the person who owns or occupies it' (*Matter of Dexter v. Town Bd. of Town of Gates*, 36 N.Y.2d 102, 105, 365 N.Y.S.2d 506, 324 N.E.2d 870 [1975] [citation omitted]; *see also Matter of St. Onge v. Donovan*, 71 N.Y.S.2d 507, 515, 517, 527 N.Y.S.2d 721, 522 N.E.2d 1019 [1988]).

964 N.Y.S.2d, *supra*, at 65-66.

Likewise, any such interpretation as suggested by Mr. Steinmetz, would violate the principle of law that the Town, including the Zoning Board, may not regulate the internal operations of a business. . . . (citations omitted)

Finally, to the extent the interpretation posited by Mr. Steinmetz would prohibit a hospital from having out-of-state patients, it would violate the Commerce Clause of the United States Constitution. *See, e.g., Tennessee Wine & Spirits Retailers Assoc. v. Thomas*, 139 S.Ct. 2449 (2019).

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Pages 2-3 of counsel's letter -

On Page 2 of his letter, counsel commences his above-referenced discussion of the neighbors' "sense of place" and "community character". From the outset, the Applicants have been extremely sensitive to preserving the neighborhood character and contributing to the community. They have great respect for the Town and their neighbors, as well as the environment and their beautiful property. That is why, for example, they are: (1) preserving the 75% existing open space on the 20.83 acre property and the entire adjacent 27.8 acre parcel they control, (2) proposing a use that is not only consistent with the historic institutional use of the property, but which has far less impacts than other uses permitted without any variance and (3) expressing a deep commitment to working with the community to address the health crisis of addiction.

In addition, as part of their local outreach, the Applicants will designate a neighborhood/community liaison, who will, among other duties, invite neighborhood representatives to open meetings no less than twice a year to keep them apprised of hospital operations and to address any questions or concerns. That person will also be available to the neighbors to call at any time if there is ever a more immediate matter. The Applicants will also provide appropriate municipal authorities with a staffed 24-hour access line. (See, March 2019 Consolidated Expanded Environmental Assessment Report ("CEEAR"), Vol. 1, p. 16).

In considering how to respond to counsel's newly constructed "sense of place" claims, I realized that it is not feasible to do so in the context of any relatively concise letter submission. Indeed, it could reasonably be argued that the Applicants' *entire* 4-volume CEEAR and our February 22, 2021 submission updating same constitute the Applicants' exhaustive and demonstrably effective effort to ensure that the character of the neighborhood is maintained, including by infusing their application with dozens of voluntary mitigative measures and conditions of approval in order to do so. Just for example, see, CEEAR, Vol. 1, pp. 25-26, 55-72, 75-78, 85-93 and 106-112. A few specific points, discussed in depth throughout the CEEAR, warrant noting in this regard:

- The property was designed and used and/or approved for more intensive institutional purposes from the 1920's through the 1980's. Notably, a hospital was approved for the site in 1989, when the neighborhood was fully developed as it is today – by court order – with a special permit that allowed 225 people on site at one time, far more than will ever be the case for the proposed specialty hospital. Thus, the adjoining homes were constructed next to what was already an institutional property.

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- The Applicants are not building anything new, but are utilizing the existing buildings, which they have refurbished and will continue to refurbish, which have always been dedicated to these institutional purposes.
- The Applicants are maintaining the existing 75% of the property which is open space, as well as the adjoining 27.8 acres of open space on the adjoining parcel.
- The Applicants' site work, which will not have any appreciable effect on the appearance of the property, will involve less than 1 acre of disturbance of already disturbed areas, and will involve no sensitive environmental areas.
- The Applicants have added fencing and much landscape screening near the closest residences, to which they will continue to add.
- There are many non-residential/commercial uses permitted in the Zoning District, many as-of-right, and many which would have far greater impact, including by way of traffic and/or elimination of open space, than the Applicants' proposed use. (See CEEAR, Vol. 1, pp. 50-52.)
- There are already a number of non-residential/commercial uses in the neighborhood. (See, CEEAR, Vol. 1, p. 25.)
- The Applicants have demonstrated that there will be no adverse impact on Quaker Ridge Road as a designated "historic road". (See, e.g., CEEAR, Vol. 1, pp. 9, 59.)
- The Applicants have demonstrated at great length that the proposed use is consistent with the Town's Comprehensive Plans and its Open Space Plan, particularly with respect to their express references to the property. (See, e.g., CEEAR, Vol. 1, pp. 7-18, 55-67, 75-78.)
- The Applicants have demonstrated through comprehensive expert analysis, to the satisfaction of the Town's respective experts, that the proposed use will have no significant adverse impact on traffic or off-site wells. Indeed, the Applicants have demonstrated that there will be no significant adverse impact on the neighborhood at all. Notably, the Applicants fully involved the neighborhood in its well pump testing and as a result, have invited two neighboring property owners to participate in their volunteered post-approval well monitoring program.
- The Applicants have also offered to provide the Town with on-going post-approval reporting and monitoring of water usage, traffic and parking matters.

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- Other than the need for the State road frontage variance, the property generally far exceeds all bulk requirements for the hospital use. The Applicants have an application before the Zoning Board for the necessary area variance and have explained why the State road requirement is not really even relevant to the specialty hospital, a much more limited use than a general hospital or nursing home. (See, e.g., CEEAR, Vol. 1, pp. 81-82, 86.)

Several specific points raised by counsel on pp. 2-3 of his letter bear noting as well:

Counsel essentially claims that the neighbors would prefer there to be a use of the property which they could participate in, such as a religious or educational use. I am quite sure they would prefer a public park. Notwithstanding that, as mentioned above, the Applicants will have a neighborhood community liaison on staff, who will regularly arrange for neighbors to meet at the property, there is no legal requirement or consideration under SEQRA that private property owners must utilize their property for a use which opens the property to the neighborhood and community. The law is clear that the Applicants may not be compelled to do so.

There is little doubt that the neighbors would likewise oppose any reasonable permitted use of the property, including those they reference, on the basis of the higher traffic levels as compared to the Applicants' proposed use and otherwise. When they say they would rather see residential use, does that mean a handful of homes on the combined parcels of almost 50 acres, or the 20-24 homes, which would legally be permitted? It is not difficult to guess the answer.

When counsel claims that the Town did not expect a hospital to be "entrenched" among residential homes, the Town most certainly *would* have expected that when it permitted hospitals and numerous other non-residential uses, whether as-of-right or by special permit, within residential zoning districts. While due regard should and has been given – indeed, given to an extensive degree – to mitigating adverse impacts on neighbors, the application is governed by Federal, State and local law, not by a "balancing of equities", with a few neighbors, as counsel contends. Indeed, pursuant to Federal law, under the Americans with Disabilities Act, any such equities will be skewed in favor of the Applicants and their prospective patients.

The property has not been "unoccupied for 50 years" as counsel claims. It was fully utilized into the 1980's by the Hudson Institute and a representative of the Applicants has resided there for many years since the Applicants' purchase of the property in 2010. Upon its purchase in 2010, the Applicants ended years of constant unlawful use and occupancy by destructive trespassers. The neighborhood was essentially fully developed by the 1980's, throughout a period when the institutional use of the premises was continuing or had just recently ended, with another significant hospital use approved in 1989.

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With respect to the issue of “large trucks (S.U.-40)” purportedly exiting the site, as referenced in the last paragraph on p. 2 of counsel’s letter, the Applicants have pointed out, to the satisfaction of the Town’s traffic consultant that:

The delivery vehicles will be directed to access the property from NY 9A and US 9 and travel through Crotonville via Old Albany Post Road to Quaker Bridge Road to Quaker Ridge Road. Old Albany Post Road, Quaker Bridge Road, and Glendale Road have weight restrictions for vehicles over 5 tons, except for local deliveries, which therefore do not preclude trucks associated with the site from using the roadways. The delivery vehicle drivers will be directed to not travel along the Quaker Bridge Road one-lane bridge over the Croton River. While the specific vendors and associated delivery vehicles have not been determined, **it is expected that most vehicles will be a SU-30 (total length of 30 feet) or shorter** and any larger vehicles would not exceed SU-40 (total length of 40 feet). No tractor trailers will be permitted to make deliveries to the hospital. No deliveries by 3rd party service providers, such as deliveries of food/perishables, pharmacy, paper/office supplies, garbage collection, laundry, etc. will occur on weekends. (Emphasis added.) (See, CEEAR, Vol. 1, p. 104.)

In essence, as the Applicants have pointed out, there will be only 5-6 deliveries to the hospital per week, with once a week garbage pick-up and laundry service and probably once a day UPS pick up. Delivery vehicles would be similar in size to the typical Peapod or other trucks serving neighbors today. Tractor trailers will be prohibited. There will be no weekend deliveries. Delivery vehicles will be directed to take specific routes from Route 9 and 9A, over the safest and most efficient local roadways, with 95% of traffic approaching from the south and New Castle and only 5% from the north on Quaker Ridge Road in Cortlandt. As noted in the Applicants’ final April 25, 2019 traffic consultant’s letter, upon which the Town’s traffic consultant has signed off, security staff will only be needed to assist with delivery vehicle exit to the north, notwithstanding that all delivery vehicles will be directed to the south.

Counsel constantly protests that the neighbors are not engaging in “NIMBYism”. To paraphrase a famous line from Shakespeare’s Hamlet, “he doth protest too much”. For the past 6 years, counsel and the neighborhood group have clearly demonstrated that they will say or do anything to prevent the specialty hospital from achieving fruition, as they are now doing with their new “sense of place” approach. As soon as the Applicants overcome one spurious argument, they raise yet another, over and again. The entire record produced by the Applicants’ and the Town’s experts to date demonstrates nothing but the Applicants’ respect for the neighbors and their herculean efforts to mitigate any potential adverse impacts on the

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neighborhood. There can be little doubt that the neighbors would object to *any* reasonable development of the Applicants' combined parcels of almost 50 acres. The Applicants have demonstrated that the traffic and water usage generated by the hospital would be similar to that of a 20-24 lot subdivision, to which the neighbors would no doubt object as well. In the time honored epitome of NIMBYism, the neighbors give lip service to what a laudable use the hospital is – as long as it is not located in their neighborhood.

Page 3 – The Court Decisions against the neighbors -

Counsel claims, without citing any basis therefor, that “there seems to be some misperception during the last Planning Board meeting [February 2, 2021] that the Court may already have rejected CRHISD’s concerns and decided the substantive issues now before your Board.” I attended the same meeting and do not believe the Board had any such misperception. The Board is represented by counsel from the Town Attorney’s Office, who participated in the Court proceedings involving the Zoning Board.

For clarity, as the neighbors’ counsel knows, since the neighbors’ first case against the Zoning Board, in which they incorrectly claimed that the frontage variance is a use variance rather than an area variance, which was dismissed for lack of “ripeness”, the courts have clearly ruled that the State road frontage variance is an area variance. See, *Route 17K Real Estate, LLC v. Zoning Board of Appeals of the Town of Newburgh*, 168 A.D.3d, 1065, 93 N.Y.S.3d 107 (2d Dep’t. 2019), leave to appeal denied, 33 N.Y.3d 905, 101 N.Y.S.3d 740 (2019); *Manocherian v. Zoning Board of Appeals of the Town of New Castle*, Westchester County Index No.: 66342/2016, S.Ct., Westchester Cty, Order and Judgment of Hon. Paul I. Marx, J.S.C., May 16, 2018.

With respect to the second case, we have provided the Board a copy of the Supreme Court’s determination that the proposed use is, in fact, a permitted “hospital”.

While Judge Cacace’s two Decisions did not directly address the issues now before the Board, she expressly recognized the delays and obstruction to which the Applicants have been subjected. Moreover, her Decisions against the neighbors should certainly bear on the credibility of the continued claims.

Counsel’s claim that “Now is the time for the Planning Board to conduct its thorough planning, engineering, and environmental review”, seems rather disingenuous, to say the least, in light of the 6 years worth of review to which the Applicants have already been subjected, as demonstrated by the 4-volume CEEAR and our February 22, 2021 addendum thereto.

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Pages 4-5 of counsel's letter -

At pp. 4-5, counsel expands on his new “community character”/“sense of place” theme discussed above. While those concepts are mentioned, to be balanced against many others, in the various provisions he cites, clearly they must be applied in an objective, not subjective matter. The subjective opinions of neighbors may not supersede the applicable law or the expert analysis provided by the Applicants’ and the Town’s professional consultants. The Applicants have satisfied the Town’s experts with respect to the major initial concerns of the neighborhood regarding traffic and wells. Thus, the neighbors are left grasping at the straw of their subjective concern about “community character” and “sense of place”.

While there has not been a formal public hearing before the Planning Board, the neighbors have already been permitted to speak extensively at prior meetings, including the very first Planning Board meeting in August 2015, as well as the hearings before the Zoning Board, as has their counsel, and they have submitted numerous written comments through various media – all of which have been addressed to date in the CEEAR.

The Applicants’ responses to public comment and their expert submissions have demonstrated that their proposed use will *best* preserve the community character, particularly as compared to other permitted uses, and that they have gone to herculean lengths in order to do so. There is no objective basis in the record to support any claim that the proposed use will in any way ruin the character of the neighborhood. Any “perceptions” of the neighbors to the contrary must be unavailing.

One would expect that the neighbors’ counsel, in their course of regularly and concurrently representing developers of large scale projects before the Town, with much greater impacts, likewise near or within residential neighborhoods, in addressing similar neighborhood opposition to their own clients’ projects would respond similarly.

Pages 6-7 of counsel's letter – Purported “Unanswered Questions”

At the conclusion of his letter, the neighbors’ counsel poses what he purports are “unanswered questions” to be raised by the Board. In fact, as he well knows, he has raised the same questions before, they have already been addressed, and he knows the answers. To a large extent, the issues he raises are not within the proper and legal purview of the Planning Board, in any event.

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Counsel's First "Unanswered" Question -

In his first "question", counsel asks "who will be the actual operator of the proposed hospital?" In asking the question, counsel himself expressly recognizes that the basic principle of zoning law is that it regulates "the use of property and not the user". Accordingly, in the context of its review of another matter at the February 2, 2021 meeting, Deputy Town Attorney Cunningham accurately advised the Board that it should not delve into who would be operating a particular business. Like his other questions, this is not the first time counsel has raised this one. We previously responded to it, for example, in my letter to the Planning Board of February 5, 2019, copied to counsel, which states on page 6 as follows:

As the Applicant has expressly stated from the outset, e.g., in its Addendum to its Expanded Environmental Assessment, dated April 10, 2017:

We know of no other zoning application where there was a discussion of the Board of Directors or Officers of the corporate entity. Zoning Law focuses on the use, not the user. The issuance of an area variance [or site plan/special permit approval] has nothing to do with the internal business operation of the use, and that is not an appropriate topic within the jurisdiction of the Board in any event.

The Applicant has represented from the outset that its principal's owners/investors will not be operating the Specialty Hospital. Rather, the Hospital will be managed by a nationally recognized firm in the field, such as Brown Consulting, Ltd., with whom the Applicant has worked to date, or a firm of similar experience, reputation and stature. Steve Laker, a Principal and a Cortlandt resident, is a representative for the property's investors, and there will be a Board of Directors of suitable experience, a professional staff, and a 24/7 contact name in addition to Steve Laker. The use is regulated by the New York State Office of Alcoholism and Substance Abuse Services (OASAS), as well as the County Health Department. In this regard the identity of the Applicant is not relevant.

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Further, as reflected in the extensive record of the 2019-2020 Zoning Board proceedings and the ensuing Article 78 proceeding in Supreme Court, Westchester County, the Applicants extensively augmented the foregoing information regarding the management of the hospital within an extensive discussion of their professional staff, which will include at least 42 medical and health care professionals. In particular, the Applicants explained at length that the OASAS Regulations applicable to the hospital require it to have a physician to act as Medical Director of the hospital. Copies of the expert reports submitted to the Zoning Board and the Court which describe in exhaustive detail the management and operation of the hospital are annexed to this letter as **Exhibits 1-7**. The neighbors' counsel fully participated in these proceedings and received copies of all of these submissions.

Counsel's Second "Unanswered" Question -

In his second purported "unanswered question", counsel asks "what exactly is the Planning Board being asked to review", which he augments by his false assertion that "the applicant's proposed staffing and services continue to change by the minute depending upon the forum".

First, as Deputy Town Attorney Cunningham, once again, pointed out to the Planning Board at the February 2, 2021 meeting, with respect to another matter, it is not within the Planning Board's legal purview to review the internal operations of the hospital. Counsel knows this. I pointed out the basic law, alluded to Mr. Cunningham, in my letter to the Zoning Board of October 4, 2019, in which I cited the basic principle, with case citations. See, e.g., *Old Country Burgers, Co., Inc. v. Town Board of the Town of Oyster Bay*, 160 A.D.2d 805, 553 N.Y.S.2d 843 (2d Dep't 1990) (conditions on a special permit "must relate directly to the proposed use of the real property, and not to the manner of the operation of the particular enterprise conducted on the premises"); *Summit School v. Neugent*, 82 A.D.2d 463, 442 N.Y.S.2d 73 (2d Dep't 1981).

Accordingly, as the internal operations of the hospital are generally not a matter within the Boards' purview, the Applicants did not go into extensive detail in that regard in their initial 2015 Expanded Environmental Assessment Report, which general discussion was carried over to its March 2019 CEEAR at pp. 37-46. In my January 4, 2021 letter to the Planning Board, in response to counsel's request in his December 31, 2020 letter that "the Board and staff should also thoroughly review the representations made by the Applicants to the ZBA regarding the programmatic elements of the proposed [specialty hospital] to confirm whether any newly proposed services would affect the Planning Board SEQRA and land use reviews", I stated that "there have been no such program changes, and certainly none that would be relevant to the Planning Board's SEQRA and land use reviews or within the legitimate purview of the Board's site planning and special permit authority." In that letter, I clarified the specific issue of "detoxification" as raised by neighbor's counsel.

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Notwithstanding the legal requirement that the Boards not involve themselves in the internal operations of the hospital, a unique exception to the rule necessarily arose in the 2019-2020 Zoning Board proceedings, wherein the Applicants appealed the erroneous determination of the Director of Code Enforcement that their proposed use is not a permitted "hospital" under the Zoning Code. In order to appeal that determination, and to address the arguments of neighbor's counsel in support of it, it was necessary for the Applicants to demonstrate to the Zoning Board that the use is a "permitted hospital", which necessarily involved a detailed analysis of its internal operations.

This was the first time an expansive analysis of the hospital's internal operations was even called for or relevant. Accordingly, that analysis before the Zoning Board did not constitute "changing" the Applicants' staffing and services "by the minute depending upon the forum", as counsel falsely claims, but only a much more detailed discussion, clarification and updating by medical and health care professionals, as relevant to that particular proceeding before the Zoning Board, of the more generic presentation in the initial environmental submissions of the Applicants' planning and engineering consultants six years earlier. Nonetheless, although not legally relevant to the Planning Board's review, the above-referenced **Exhibits 1-7** hereto set forth in minute detail, the Applicants' "concrete proposal", as requested by neighbors' counsel, for its operation of the hospital, which is in accord with the governing OASAS Regulations. The neighbors' counsel is well aware of all of this information. Notably, the Zoning Board submissions were submitted to and expressly addressed by Supreme Court, Westchester County, in reversing the Zoning Board's "default denial" of the Applicants' appeal from the Director of Code Enforcement's determination and in holding that, based thereon, the Applicants' proposed use *is* a permitted "hospital".

In his second "unanswered question", counsel also states that the Board should require the Applicants to present a site plan. The Applicants submitted a site plan and other plans in support of their application in July 20, 2015. Those plans have been exhaustively reviewed by the Town's professional staff and consultants and have been revised on a number of occasions. The plans are referenced in the public hearing notice.

In answer to counsel's question regarding "what exactly is the Planning Board being asked to review", the Planning Board is being asked to review the Applicants' voluminous environmental submissions thus far, including the March 2019 4-volume CEEAR and the subsequent submissions I provided to the Board on February 2, 2021, along with the Applicants' latest revised plans. While beyond the Board's legal purview, should it wish to review the nature of the Applicants' internal operations, it may also review Zoning Board **Exhibits 2-8** hereto. **Exhibit 5**, in particular, includes detailed schedules of the hospital's proposed staffing, services, and patient activities.

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Counsel's Third "Unanswered" Question -

In his third purported "unanswered question", counsel once again repeats a question which has been asked and answered in the past, *i.e.*, "why has the Applicant not yet submitted a certification application to OASAS under Article 32 of the Mental Hygiene Law?"

I previously answered this same question in my letter to the Planning Board of February 5, 2019, stating:

The Group's counsel attempts to create additional mystery and obfuscation with respect to OASAS licensure. The simple response to that matter, over which the Town has no jurisdiction, is that as the Applicant has stated from the outset as referenced above, the specialty hospital requires State licensure from OASAS. [See, e.g., CEEAR, Vol. 1., p. 46]. Accordingly, the Applicant has expressly recognized from the outset that such State licensure will be a condition of approval. As the OASAS process requires input from the municipality regarding its position with respect to the specialty hospital – the most relevant demonstration of which would be its granting of approvals for same – the Applicant's full engagement in the OASAS licensure process awaits Town action on the application.

Counsel attempts to buttress the validity of his repeated question, despite the fact that it has been previously answered, by repeating a false claim he has made over and over again through the various proceedings, *i.e.*, that the Applicants have confused the relationship of Article 28 of the Public Health Law and Article 32 of the Mental Hygiene Law, citing and misconstruing a reference to these Laws from the Applicants' original 2015 Expanded Environmental Assessment Report, which was carried over, without all of the subsequent clarification that has taken place before the Zoning Board, in the Applicants' March 2019 CEEAR, p. 53.

I specifically addressed counsel's same misleading contention, for example, in my letters to the Planning Board, dated February 5, 2019, to the Town Attorney and Director of Code Enforcement, dated April 23, 2019, (and in the letter from the Applicants' health care consultant, Frank Cicero, of that same date, attached as **Exhibit 3** thereto), and to the Zoning Board, dated June 14, 2019, (and Mr. Cicero's letter of that same date attached thereto), October 4, 2019, October 22, 2019, and November 6, 2019, respectively, all responding to counsel's prior claims regarding the relationship between these statutes – which are not even relevant to the Planning Board's review. The neighbors' counsel is well aware of these numerous previous "answers" to his continued, supposedly "unanswered question" in this regard.

As reflected in these submissions, and as demonstrated in the Zoning Board's proceedings, it was not the Applicants, but the neighbors' counsel and their consultants who confused these statutes. The most cogent explanation of the relationship between these two statutes was presented in our legal consultant, Peter Millock's presentation to the Zoning Board, annexed as **Exhibit 2** hereto, i.e., Article 28 of the Public Health Law is a jurisdictional statute, which in its definition of the term "hospital" for purposes of that statute, expressly delegates the responsibility for various referenced health care facilities among different State statutes and agencies, including delegating facilities such as the specialty hospital to the provisions of the Mental Hygiene Law, including Article 32 and other Articles therein. Mr. Millock, an attorney specializing in health care law, is the former General Counsel to the New York State Department of Health, and was personally involved in drafting these applicable laws. Mr. Millock testified on this matter before the Zoning Board in September 2019 and his analysis was part of the subsequent Article 78 proceeding and was relied upon by the Court.

In a further attempt to prop up his third "unanswered question", which has been answered numerous times, counsel contends that "to make matters more confusing", the Applicants did not include in their 2015 Table of "Project Approvals and Permits Required", their State licensing authority, OASAS, and he thereby questions the propriety of Board's "coordinated review" under SEQRA. Notwithstanding even if the Applicants' omission of OASAS from said Table was an inadvertent error, as counsel well knows, the Applicants have represented from the outset that the hospital requires a license from OASAS. See, e.g., CEEAR, p. 46. Accordingly, on June 15, 2017, the Planning Board properly sent notice of its designation as Lead Agency to OASAS, along with all of the other involved agencies. (See **Exhibit 9** annexed hereto.) Thus, counsel's claim in this regard is moot. The Applicants have expressly recognized from the outset that OASAS licensure will be a condition of Planning Board approval, just as any approvals required from any other agencies.

Counsel's Fourth "Unanswered" Question -

In his fourth "unanswered question", counsel asks whether the hospital can comply with the applicable New York State Building and Fire Codes and audaciously states that the "Planning Board should require the applicant to provide a full analysis of the building system" required by the Codes "as part of its review".

Counsel offers two more false statements in support of his question. First, he states "there was a lot of back and forth before the ZBA regarding compliance with NYS Building Code requirements." That is not true. The issue before the Zoning Board had nothing to do with whether the Applicants' renovation and ultimate use of the property will comply with the

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Building and Fire Codes. The issue arose from the Director of Code Enforcement's erroneous utilization of certain definitions and provisions of the Building Code to support his opinion that the proposed use is not a permitted "hospital", but rather some type of custodial care use. His opinion was rejected by the Court.

Counsel also claims that "the Applicant has taken different positions regarding its occupancy group designation". To the contrary, as counsel well knows, and as documented at length before the Zoning Board and the Court, the Applicants have classified their proposed use as I-2 Occupancy – the category for hospitals – since virtually the outset of their application, as far back as August 2015.

Most importantly, as the Board well knows, the Building and Fire Code issue are generally not within the Board's purview, but are within the jurisdiction of the Director of Code Enforcement in the context of the Building Permit and Certificate of Occupancy phase, following the necessary Board approvals. It is not the Board's practice or within its legal purview to require a "full analysis of the building system". It is within the Board's purview to review related site issues, as acknowledged by counsel, such as "Fire Department access" – an issue which has already been reviewed exhaustively by the Town's professional staff and its traffic consultant and implemented in the Applicants' submitted revised plans.

Counsel's Fifth "Unanswered" Question -

In his fifth and last "unanswered question" – which likewise has already been previously answered – counsel again asks "why is the site listed for sale?" Counsel previously raised this question in his clients' unsuccessful motion to reargue their previously denied motion to intervene before the Supreme Court, Westchester County in the prior Article 78 proceeding between the Applicants and the Zoning Board. In my submission in that proceeding, I answered that question on behalf of the Applicants as follows:

In regard to the issue of prejudicial delay, counsel offers an irrelevant and misleading reference in his Affirmation at footnote 13 to the Property currently being listed for sale – in fact, it has actually been so listed for some five years, throughout the approval process. Such listing is merely in the ordinary course of business of many, if not most, business property owners, whose properties are always for sale – but only, at the right, significantly motivating price, i.e., the proverbial offer they cannot refuse. In noting the listing, counsel misleadingly states that the Property is not listed as a "wellness center". What he neglects to advise the Court is that the listing describes the Property as: **"Excellent for medical facility, an assisted living**

Hon. Loretta Taylor, Chairperson and Members of the Board

March 23, 2021

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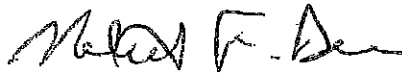
estate, religious institution or a school.” As the Court well knows, the fact that the Property is routinely listed for sale has not in any way dampened the Applicant’s zealous pursuit of its approvals before the Planning and Zoning Boards and this Court. Indeed, those approvals would only enhance the value of the Property. In any event, it is a fundamental principle that zoning law regulates the *use* of property, not the *user*. The routine listing of the Property is irrelevant to this proceeding.

My statement to the Court is equally applicable to the Planning Board.

On the basis of the foregoing, the principal arguments raised in counsel’s February 22, 2021 letter are demonstrably without merit.

Thank you for your consideration.

Very truly yours,



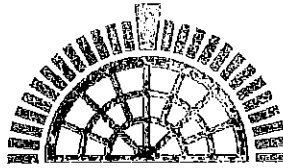
Robert F. Davis

RFD:dds

Enclosures

c: Thomas F. Wood, Esq. (via e-mail)
Josh Subin (via e-mail)
Chris Kehoe, AICP (via e-mail)
Michael Preziosi, P.E. (via e-mail)
Brad Schwartz, Esq. (via e-mail)

SUB-APPENDIX G



SINGLETON, DAVIS & SINGLETON PLLC

ATTORNEYS AT LAW

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March 23, 2021

Via E-Mail and Federal Express

Hon. Loretta Taylor, Chairperson and Members of the Board
Planning Board of the Town of Cortlandt
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe, AICP, Deputy Director, Planning Division

*Re: Hudson Ridge Wellness Center, Inc. and Hudson Education and Wellness Center
2016 Quaker Ridge Road, Town of Cortlandt
Response to Public Accusations and Innuendo*

Dear Chairperson Taylor and Members of the Board:

We are sorry to burden the Board with another submission. However after 6 years of being subjected to defamatory statements and insidious innuendo regarding this application, which impugn my personal and professional integrity and that of the Applicants, I am compelled to write this letter.

As continued with increased intensity (and seeming desperation) at the March 2nd meeting, the neighbors and their counsel have consistently stated or insinuated that the Applicants, and by extension, their counsel, have publicly misrepresented the "real" nature of the proposed hospital and their current and future intentions for the property. In essence, we have been regularly accused of nefarious intent and of perpetrating a "scam" or "shell game" upon the Town. These attacks have been based on fabrication and conjecture, a point wisely raised by a couple of the Board members at the last meeting. These baseless claims could not be further from the truth and will no longer be tolerated with impunity.

I have spent 40 years of my professional life representing clients in land use matters before local boards, including many in this Town. I am proud to have built a reputation where boards can rely upon my preparation and my knowledge of the application and on the fact, that although advocating my client's case, I am doing so in an honest and forthright manner and the representations that I make are true. I do not and will not make misrepresentations before

Hon. Loretta Taylor, Chairperson and Members of the Board

March 23, 2021

Page 2

boards, present an application I do not believe to be lawful or appropriate, or represent a dishonest client. I do not represent opposing parties or groups, putting myself in the tenuous position of expressing conflicting positions on the same issue, thereby undermining my credibility.

I have known and worked closely with the Applicants for 7 years. I state unequivocally that they are not misrepresenting *anything* with respect to their proposed use, to which they are deeply and personally committed, or with respect to their intentions for the property. I also state, with equal certainty, that they will not bow to or be curtailed by the personal attacks to which they have been subjected. They are committed to seeing their laudatory goal of their specialty hospital, which they believe will save many lives, through to fruition.

Both my clients' principal representative before the Board and I have strong ties to the Town of Cortlandt, which only strengthen our mutual desire, not only to make a beneficial contribution to the Town and its residents through this worthy proposal, but to ensure that our reputations and standing in the community remain unblemished. In this regard, we share with the Board the following personal information regarding our connections with the Town:

My family has lived, died, worked and played in the Town of Cortlandt throughout most of my life. I was born in Cortlandt, at Peekskill Hospital, now Hudson Valley Hospital. My Dad, aunts, grandparents and many people close to me died there. My parents and sister are buried in Cortlandt. Dr. Becker was my Mom's cardiologist. My deceased sister was a volunteer at Teatown Preserve and a memorial bench has been placed there in her memory. For the first 30 years of my life, I lived in Peekskill. My grandparents lived in Cortlandt, a block from Town Hall and Colonial Terrace. I had my wedding reception there and have attended many functions there. For much of my life, I have spent time in Cortlandt on a daily basis. Growing up, I worked at the Dutch Mill Restaurant, Camp Smith, and Indian Point. I shopped regularly at White's and Caldor's department stores and ate at the area's first McDonald's. I spent summers at Mohansic Park (now FDR) pool and ran cross country through Blue Mountain Park. I spent many Saturday nights at the Hollowbrook and Starlight Drive-Ins or bowling at Cortlandt Lanes. I attended high school with long-time Deputy Town Attorney, John Klarl, who was a close family friend and counsel. I have represented clients in matters with the Town for 40 years. I have known Town Attorney Wood for over 20 years. In short, I have a lifelong connection with the Town. I am proud of my reputation there and most assuredly, will not allow anything to tarnish it.

One of the neighbors' counsel, Mr. Steinmetz, is aware of much of the foregoing information. He embarked as an associate of me and my partners at my prior law firm in 1987. There he commenced his practice of land use law and went on to become my friend and partner, his office adjoining mine, before leaving after 10 years to successfully co-found his present firm.

Hon. Loretta Taylor, Chairperson and Members of the Board

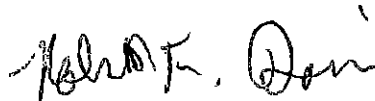
March 23, 2021

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In closing, we respectfully request that in future, the Board ensure that the public restrain its comments accordingly and refrain from the defamatory accusations and innuendo which have characterized many of the comments to date.

Thank you for your kind consideration.

Very truly yours,

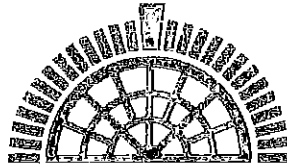
A handwritten signature in black ink, appearing to read "Robert F. Davis". The signature is fluid and cursive, with the first name "Robert" and last name "Davis" clearly distinguishable.

Robert F. Davis

RFD:dds

c: Thomas F. Wood, Esq. (via e-mail)
Josh Subin (via e-mail)
Michael Preziosi, P.E. (via e-mail)
Brad Schwartz, Esq. (via e-mail)

SUB-APPENDIX H



SINGLETON, DAVIS & SINGLETON PLLC

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April 7, 2021

Via E-Mail and Federal Express

Hon. Loretta Taylor, Chairperson and Members of the Board
Planning Board of the Town of Cortlandt
1 Heady Street
Cortlandt Manor, NY 10567
Attn.: Chris Kehoe, AICP, Deputy Director, Planning Division

*Re: Hudson Ridge Wellness Center, Inc. and Hudson Education and Wellness Center
2016 Quaker Ridge Road, Town of Cortlandt*

Dear Chairperson Taylor and Members of the Board:

A focal point of the public comment at the hearing session on April 6, 2021, was concern about the easement acquired by Applicant, Hudson Ridge Wellness Center, Inc. over the adjoining property at 81 Quaker Hill Drive. This letter will put that issue to rest.

On November 28, 2017, an affiliate of the Applicants, Quaker Hill Drive, LLC acquired the adjoining property at 81 Quaker Hill Drive, which is occupied by a single-family residence. This acquisition occurred over 2 years after the Applicants' submission of their pending application. The Applicants' affiliate acquired the property with no intent of ever using it in connection with the proposed specialty hospital.

In 2020, when the Applicants' affiliate determined that it would sell the property at 81 Quaker Hill Drive, the Applicants, again as any prudent person in their position would do, and as they effectively controlled that property, decided that they would obtain and retain upon sale, a right of easement over the property, benefitting the parcel which is the subject of their application. Once again, they did so with no intention of improving the easement area – which is currently a heavily-wooded area, characterized by steep slopes and nearby wetlands - but solely to protect themselves only in the event that the Town would ever require another means of emergency access to the property in relation to *any* use on their property.

Thus, on July 31, 2020, Quaker Hill Drive, LLC granted to Hudson Ridge Wellness Center, Inc., a 30-foot easement over said portion of 81 Quaker Hill Drive, consisting of a "sole and exclusive access easement for any and all purposes". A copy of the Easement is annexed as Exhibit H to the letter of neighbors' counsel dated March 23, 2021.

Hon. Loretta Taylor, Chairperson and Members of the Board

April 7, 2021

Page 2

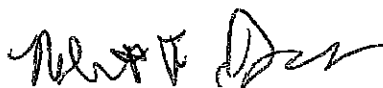
Subsequently, Quaker Hill Drive, LLC has entered into a contract for the sale of 81 Quaker Hill Drive to an unrelated party for continued use as a single-family residence, unrelated to the specialty hospital or the use of the Applicants' property. Other than with respect to the access easement, the Applicants will retain no rights to 81 Quaker Hill Drive, in connection with the specialty hospital or otherwise.

In order to eliminate any concerns of the neighbors with respect to the use of the easement in connection with the specialty hospital, just as the Applicants have offered with respect to their adjoining parcel in the Town of New Castle, as a condition of approval, the Applicants hereby offer to place a recorded restriction on their recorded "Grant of Easement and Easement Agreement", enforceable by the Town, that the easement area shall not be improved or used for access purposes so long as the Applicants' property is used for hospital purposes.

We trust this will eliminate any concerns of the Town or the public with respect to the easement.

Enclosed is my outline of my presentation at the April 6th hearing session.

Very truly yours,



Robert F. Davis

RFD:dds
Enclosure

c: Thomas F. Wood, Esq. (via e-mail)
Josh Subin (via e-mail)
Michael Preziosi, P.E. (via e-mail)
Brad Schwartz, Esq. (via e-mail)

APPENDIX 47

Quaker Ridge Specialty Hospital

Town of Cortlandt, New York

OVERVIEW

- There will be no potential for any significant adverse traffic impacts on the neighborhood.
- There will be no impacts on historic road character.
- Site generated traffic will be staggered over 4 scheduled off-peak shifts, and two shuttle vans will be provided to transport employees and clients.
- The proposed use would generate less traffic than other uses permitted as of right, such as religious uses, schools, and government office buildings - and would generate traffic similar to that of a 20-24 lot residential subdivision, for which Applicant's and its affiliate's combined 47.83 acres could be developed.
- Even with our ultra-conservative assumptions and analysis, traffic would not cause any discernible delays on area roadways. All area intersections will continue to operate at the current best possible Level of Service A.
- Traffic generated is well below existing excess capacity to absorb it.
- Ample on-site parking will be provided.
- In conjunction with the Town's traffic expert, we have developed a Traffic Management Plan. The Applicant has addressed all of the Town's traffic consultant comments to his satisfaction as of April, 2019. The project has not been modified since this date.

Quaker Ridge Road Pavement Width

- There will be no potential for any significant adverse impacts on the neighborhood.
 1. Area traffic volumes are relatively low.
 2. The roadway widths are/will be 20 feet or wider, which is appropriate for the future traffic volumes.
 - New Castle recently removed overburden and resurfaced/widened Quaker Ridge Road.
 - Quaker Ridge Road was surveyed north and south of the driveway, as requested by the Town, and generally has a width of 20 feet or more, which is partially covered by dirt and grass overburden.
 - Vegetation and debris covering existing pavement will be removed along Quaker Ridge Road in the vicinity of the site.
 - 20 foot pavement width can accommodate more than 800 additional daily vehicles, while 120 additional daily vehicles are anticipated.
 - There will be adequate turning radius for fire trucks and other vehicles into the driveway



Site Traffic Generation

- Site generated traffic will be off-peak and two shuttle vans will be provided.
 1. Two 15 passenger vans will transport employees and clients from pick-up points outside of the area, including a park & ride facility and the Croton train station.
 1. Existing peak weekday roadway hours are 7:00 – 8:00 AM & 3:45 – 4:45 PM.
 2. Employee Shift Hours are out of phase with the peak hours of the roadway:
 - Shift 1 (6:00 AM – 2:00 PM)
 - Shift 1A (9:00 AM – 5:00 PM)
 - Shift 2 (2:00 PM – 10:00 PM)
 - Shift 3 (10:00 PM – 6:00 AM)
 3. Visitation for each patient is limited to one weekend day per month, with only 25% of patients having visitation on any weekend.
 4. The patients will not be permitted to have vehicles on site or use vehicles during their stay. There will be no outpatient or emergency services
 5. The estimated supply deliveries to the Hospital are 5-6 per week, weekdays only, as well as once a week garbage and laundry service and daily UPS vehicles, some of which would already be driving within the area.
 6. Delivery vehicles will be directed to arrive via Routes 9 and 9A through Crotonville. Tractor trailer trucks will be prohibited.
 7. Daily site generated traffic volumes will be approximately 60 entering and 60 exiting vehicles, spread over 24 hours with the use of proposed shuttle vans.
 8. Approximately 95% of traffic travels to the south in New Castle.
 9. 120 Trips versus more than 800 trips surplus capacity along Quaker Ridge Road.
 10. No significant impact on historic road character or safety.

Comparative Traffic Volumes

- The proposed use would generate less traffic than other permitted uses such as religious uses, schools, and government office buildings – and would generate traffic similar to that of a 20-24 lot residential subdivision on almost 50 acres controlled by the applicant.

POTENTIAL DEVELOPMENT VOLUMES COMPARISON

LAND USE	PEAK WEEKDAY AM HOUR			PEAK WEEKDAY PM HOUR			REQUIRES ACCESS TO STATE/COUNTY ROAD
	ENTER	EXIT	TOTAL	ENTER	EXIT	TOTAL	
a. Proposed Specialty Hospital (Without Vans)	41 ⁽¹⁾	11 ⁽¹⁾	52 ⁽¹⁾	34 ⁽¹⁾	41 ⁽¹⁾	75 ⁽¹⁾	YES
b. Proposed Specialty Hospital (With Vans)	23 ⁽²⁾	11	34 ⁽²⁾	22 ⁽²⁾	23 ⁽²⁾	45 ⁽²⁾	
c. 38,560 sf Private School (K-12) (ITE Code 536)	86	51	137	59	153	212	NO
d. 24,690 sf Place of Worship with Religious School ⁽³⁾⁽⁴⁾	-	-	-	58	117	175	NO
e. 38,560 sf Medical-Dental Office Building (ITE Code 720)	75	21	96	37	96	133	YES
f. 24 Single Family Homes (ITE Code 210)	6	16	22	16	10	26	NO
g. 38,560 sf Hospital (ITE Code 610)	84	43	127	51	99	150	YES
h. Previously Approved 225 Employee Office (ITE Code 710)	71	15	86	17	67	84	NO

Notes:

(1) Peak hour site generated volumes will be out of phase with peak volumes at the analyzed intersections.

(2) The proposed Specialty Hospital volumes reflect the anticipated trip reduction resulting from the proposed shuttle vans.

(3) From the DEIS, accepted as complete on June 7, 2012, for the Upper Westchester Muslim Society Masjid and Islamic Center, Town of New Castle, NY.

(4) Nursery schools are also permitted along with places of worship and religious instruction, and would generate additional traffic beyond what is depicted in this table.

Quaker Ridge Road Traffic Analysis

- Even with our ultra-conservative assumptions and analysis, traffic would not cause any perceptible delays on area roadways. Levels of Service represent delays from A to F, similar to a report card. All area intersections will continue to operate at the current best possible Level of Service A, with substantial excess capacity to accommodate additional traffic.
 - No credit was taken for shuttle vans
 - Peak site traffic was added to existing peak area road traffic, even though the Applicant has intentionally scheduled its shifts so that peak site traffic will not coincide with existing AM and PM traffic.
 - AM shifts 1 and 1A were combined, although they are actually about 3 hours apart.
 - Traffic from Sunshine Home expansion was included
- 95% of traffic projected to and from the south, and only 5% from the north on Quaker Ridge Road.
- Town of Ossining's traffic consultant's memo states:
 - "It is our opinion that the proposed use of the site in Cortlandt will have an insignificant, if any, impact on the overall operation of roadways and intersection within the Town of Ossining. Results of the analyses indicate that the existing Level of Service would not change, which we agree with based on our review."

Quaker Ridge Traffic Operations

TABLE III.C-2

INTERSECTION OPERATIONS-PEAK WEEKDAY AM HOUR

INTERSECTION	APPROACH	LANE GROUP	2014EXISTING			2016 NO BUILD			2016 BUILD		
			V/C ₍₁₎	DELAY ₍₂₎	LOS ₍₃₎	V/C ₍₁₎	DELAY ₍₂₎	LOS ₍₃₎	V/C ₍₁₎	DELAY ₍₂₎	LOS ₍₃₎
1. Quaker Ridge Road & Glendale Road (Unsignalized)	EASTBOUND	THRU/RIGHT	0.01	7.5	A	0.01	7.5	A	0.02	7.5	A
	WESTBOUND	LEFT/THRU	-	-	-	-	-	-	-	-	-
	SOUTHBOUND	LEFT/RIGHT	0.03	8.6	A	0.04	8.6	A	0.04	8.6	A
2. Glendale Road & Glendale Road Ext. (Unsignalized)	EASTBOUND	LEFT/THRU	0.00	8.1	A	0.00	8.2	A	0.00	8.2	A
	WESTBOUND	THRU/RIGHT	-	-	-	-	-	-	-	-	-
	SOUTHBOUND	LEFT/RIGHT	0.01	8.8	A	0.01	8.9	A	0.02	9.0	A
3. Quaker Ridge Road & Glendale Road Ext. (Unsignalized)	EASTBOUND	THRU/RIGHT	-	-	-	-	-	-	-	-	-
	WESTBOUND	LEFT/THRU	0.00	7.2	A	0.01	7.2	A	0.01	7.3	A
	NORTHBOUND	LEFT/RIGHT	0.00	9.1	A	0.01	8.8	A	0.03	8.6	A
4. Quaker Ridge Road & Site Driveway (Unsignalized)	WESTBOUND	LEFT/RIGHT							0.01	9.0	A
	NORTHBOUND	THRU/RIGHT		N/A			N/A		-	-	-
	SOUTHBOUND	LEFT/THRU							0.00	7.3	A

TABLE III.C-3

INTERSECTION OPERATIONS-PEAK WEEKDAY PM HOUR

INTERSECTION	APPROACH	LANE GROUP	2014EXISTING			2016 NO BUILD			2016 BUILD		
			V/C ₍₁₎	DELAY ₍₂₎	LOS ₍₃₎	V/C ₍₁₎	DELAY ₍₂₎	LOS ₍₃₎	V/C ₍₁₎	DELAY ₍₂₎	LOS ₍₃₎
1. Quaker Ridge Road & Glendale Road (Unsignalized)	EASTBOUND	THRU/RIGHT	0.01	7.4	A	0.01	7.4	A	0.02	7.4	A
	WESTBOUND	LEFT/THRU	-	-	-	-	-	-	-	-	-
	SOUTHBOUND	LEFT/RIGHT	0.02	8.5	A	0.02	8.5	A	0.03	8.6	A
2. Glendale Road & Glendale Road Ext. (Unsignalized)	EASTBOUND	LEFT/THRU	-	-	-	-	-	-	-	-	-
	WESTBOUND	THRU/RIGHT	-	-	-	-	-	-	-	-	-
	SOUTHBOUND	LEFT/RIGHT	0.01	8.7	A	0.01	8.8	A	0.04	9.0	A
3. Quaker Ridge Road & Glendale Road Ext. (Unsignalized)	EASTBOUND	THRU/RIGHT	-	-	-	-	-	-	-	-	-
	WESTBOUND	LEFT/THRU	0.01	7.2	A	0.01	7.2	A	0.03	7.3	A
	NORTHBOUND	LEFT/RIGHT	0.01	8.4	A	0.01	8.4	A	0.03	8.5	A
4. Quaker Ridge Road & Site Driveway (Unsignalized)	WESTBOUND	LEFT/RIGHT							0.05	9.1	A
	NORTHBOUND	THRU/RIGHT		N/A			N/A		-	-	-
	SOUTHBOUND	LEFT/THRU							0.00	7.3	A

- (1) V/C represents volume/capacity ratio
 (2) Delay is average seconds delay per vehicle
 (3) LOS represents level of service

Quaker Ridge Traffic Management Plan

- In conjunction with the Town's traffic expert, we have developed a Traffic Management Plan. Project mitigation measures include the following:
 - Patients will not be permitted to have vehicles on site or to use vehicles during their stay.
 - Employee arrival and departure times will be scheduled outside of existing peak traffic hours on area roads.
 - Staffing will consist of four shifts. Two shuttle vans will transport a substantial number of employees from pick-up points outside the area.
 - The estimated supply deliveries to the Hospital are 5-6 per week, weekdays only, as well as once a week garbage and laundry service and daily UPS vehicles.
 - Delivery vehicles will be directed to arrive via Routes 9 and 9A through Crotonville. Tractor trailer trucks will be prohibited.
 - The existing security gate will be relocated and remain open during the day. The existing entrance way will be improved to prevent any queuing on Quaker Ridge Road. The driveway slope will be reduced as part of the proposed project improvements.
 - Visitation for each patient is limited to one weekend day per month, with only 25% of patients having visitation on any weekend.
 - Snow removal and grounds maintenance will be handled on-site.
 - There will be more than adequate parking on site, much is already existing.
 - The specialty hospital will require much less parking than a general hospital or a nursing home, because it will have much fewer people coming to the site than those uses.
 - ❖ There is no emergency room or outpatient treatment
 - ❖ Visitation is very limited
 - ❖ Many employees will use the shuttle vans.
 - There will be an on-going parking utilization monitoring program, with required reporting to the Town, with similar reporting on traffic along Quaker Ridge Road and the site driveway.
 - The applicant has sought a parking waiver as part of the application, whereby 65 spaces are provided (33 existing), with the ability to provide up to 129 spaces associated with the hospital parking requirement

Quaker Ridge Road Quality of Life

- No impact on the historical roadway characteristics.
- No significant adverse impact on vehicular or pedestrian safety.
- No significant accident history.
- Adequate roadway width with proposed clearing of dirt and grass overburden; could accommodate more than 800 additional vehicles.
- No impact on emergency vehicles.
- No large trucks with trailers.

Chazen Comment #1

Quaker Ridge Road Roadway Width

On Monday, March 15, 2021, I visited the Site to review conditions of the roadway in the vicinity of the Site. It is noted that, based on measurements made without the benefit of Survey equipment, the dimensions measured on the roadway amounted to approximately 18.5 feet. This measurement was replicated at several locations in the near vicinity of the Site driveway. While these measurements may be inexact, the information leads to a question as to the viability of some of the procedures performed. For example, there were discussions of the minimal requirements in widening of Quaker Ridge Road and the ability of trucks to turn into and out of the Site, both based on a nominal 20-foot width, used by the Applicant. It is recommended that the measurements of the roadway be recorded accurately using survey equipment. After accurate measurements are made, an updated vehicle-turning analysis should be completed to determine whether the roadway can accommodate the cars and trucks expected to be generated by the Specialty Hospital proposed for the Site. When considering the outcome of the vehicle-turning movement analysis, the Planning Board should keep in mind the directive under the Historic/Scenic Road study which advises “specific protection of pavement width.”

Response #1:

- Quaker Ridge Road was surveyed north and south of the driveway, as requested by the Town, and generally has a width of 20 feet or more, which is partially covered by dirt and grass overburden.
- Vegetation and debris covering existing pavement will be removed along Quaker Ridge Road in the vicinity of the site.
- Minimal widening will be provided where necessary to provide consistent width of 20 feet or more, which retains the existing pavement width. Applicant submitted Driveway Improvement Plan, revised March 15, 2019, which shows improvements to Quaker Ridge Road.

Dated Traffic Volume Data

The Consolidated Expanded Environmental Report, dated, March 2019 and submitted on behalf of the application, notes that the vicinity traffic volumes were collected on Wednesday, June 18, 2014. In that there has not been a SEQRA determination and the application just had its first public hearing, it is my considered professional opinion that those volumes are considered dated. Further, it is understood that Automatic Traffic Recorders (ATRs) were installed in November 2017, however, there is no mention in the report that the 2014 volumes were adjusted based on the 2017 data. Accordingly, given the status of the application, it is strongly recommended that new counts be conducted. ATR counts are recommended which will record traffic volume information for a full week, including nights and weekends. Because this area has a high recreational characteristic with significant numbers of walkers, joggers and bicyclists, it is also recommended that the counts be performed during the warmer time frame, at least in June. The June date is requested in part because of traffic and parking issues related to the nearby Old Croton Aqueduct trail and Croton Gorge for swimming. Data to be collected should consist of automobile traffic, truck activity and operating speeds.

Response #2:

- Automatic Traffic Recorders (ATRs) were installed at the previous locations in November 2017. The ATR counts recorded traffic volume information through the week of April 17 to April 24, 2021. The daily traffic volumes along Quaker Ridge Road and Glendale Road are similar to and slightly less than the 2017 counts.
- JMC conducted counts on Saturday April 17, 2021, as well as Tuesday April 20, 2021 at the intersection of Glendale Road and Quaker Ridge Road to record pedestrian and bicycle activity in the area. Traffic and pedestrian volumes are low.

Table A

LOCATION	2014 TRAFFIC VOLUMES		2017 ATR TRAFFIC VOLUMES		2021 ATR TRAFFIC VOLUMES	
	PEAK WEEKDAY AM HOUR	PEAK WEEKDAY PM HOUR	PEAK WEEKDAY AM HOUR	PEAK WEEKDAY PM HOUR	PEAK WEEKDAY AM HOUR	PEAK WEEKDAY PM HOUR
QUAKER RIDGE ROAD ALONG SITE FRONTAGE	45	42	41	39	24	35

Table B

DAY OF WEEK	TIME	PEDESTRIAN	BICYCLE
Saturday	12:30 - 1:30 PM	4	1
	1:30 - 2:30 PM	1	5
	2:30 - 3:30 PM	0	6
Weekday	2:00 - 3:00 PM	0	0
	3:00 - 4:00 PM	2	2
	4:00 - 5:00 PM	0	8

Chazen Comment #3

Trip Generation

The traffic study expounds on the trips to be generated and uses a Nursing Home as the independent parameter from which the expected number of trips is calculated. However, because the application is referred to and being processed by the Planning Board as a Specialty Hospital, it is recommended that the Institute of Transportation Engineers (ITE) standard from which the projections are made should be a hospital using ITE Land Use Code 610. While it is recognized the proposed facility will not have an active emergency room and, therefore, somewhat less traffic, the projections using a Nursing Home land use are overly liberal. Further, the use of a minimalistic trip-generating nursing home trip generation, upon which additional credits are taken with the use of a shuttle, presents an overly optimistic and least-possible anticipated number of trips to be generated. A more conservative approach using a hospital land use is considered more appropriate for SEQRA purposes. At a minimum, the Applicant should be requested to provide the actual trip-generation data from a comparable facility to verify its analysis.

Response #3:

- Traffic counts were conducted at the High Watch Recovery Center in Kent, Connecticut, and included in the original traffic analysis for the project.
- The traffic analyses prepared by the Applicant were reviewed and accepted by the Planning Board's traffic consultant.

Chazen Comment #4

Truck Activity

While specifics have been presented about the extent of the number of trips to be generated during the morning and afternoon peak commuter times, little discussion has been paid to the number of trucks expected on a routine basis. While it has been stated that no trucks will be permitted on the weekends, there has been no attempt at verifying the number of trucks that will access the Site on a typical weekday. These deliveries can include deliveries of food supplies, laundry services, fuel, medical-waste disposal and usual over-the-road carriers such as Amazon, UPS and other suppliers. While the Consolidated Expanded Environmental report states that the “estimated supply deliveries to the hospital are 5-6 per week, weekdays only, as well as once a week garbage and laundry services and daily UPS vehicles”, there is no substantiation of these estimates including actual delivery truck trips from other comparable Specialty Hospitals.

Response #4:

- The anticipated truck activity is based on discussions with a consultant experienced in the operations of numerous similar facilities.

Chazen Comment #5

Credit Taken for Shuttle Usage

The use of a shuttle service is a good traffic demand management tool. However, the majority of examples using a shuttle is in situations wherein an office park or business offers this service as a convenience for travel to and from a train station. A second measure where shuttle services have been used is in residential communities where the shuttle provides the link between the residential complex and the train, bus or local retail facilities as a convenience. Its use in this instant application as a mandatory mechanism to reduce trips on a constant basis lacks certainty. It is recommended that the applicant provide examples wherein a shuttle service works effectively as a mandatory last leg of the journey to work, where the main element of the work trip is via a personal automobile trip such as proposed by the applicant.

Response #5:

- The use of the shuttle service will be a condition of site plan approval and will be monitored as part of the Traffic Management Plan.

Chazen Comment #6

Staging for Shuttle Services

It is also concerning that one of the examples used for staging of vehicles for the shuttle trip to the Specialty Hospital is at a park and ride lot at the FDR park with access from the Taconic State Parkway. While an open dialog is a good start, the Applicant should obtain a commitment from the Park Director, with a measure of longevity, that he can guarantee the Specialty Hospital a specific number of spaces, which can account for the number of workers to park their vehicle in that Park and Ride lot for which the number of reduced trips are projected by the applicant.

Response #6:

- In the event that the park and ride lot is not available in the future, the Applicant will secure another facility as required.
- Other public transportation hubs will be utilized by the shuttle service.

Chazen Comment #7

Location of the Specialty Hospital on a Major Roadway

Typically, facilities such as the proposed Specialty Hospital are located on or in close proximity to major roadways such as State or County highways due to the sensitive medical/healthcare nature of the use. Major roadways are addressed earlier than local roadway paying such attention to snow and debris removal after storms. With wind damage from a storm, there are typical roadway closures with downed trees and accidents. Because of the priority given, the major roadways are cleared sooner rather than later. Accordingly, should one of the patients require intensive care treatment or other medical/healthcare treatment, it is more likely that ambulance services can be available when the access to the Specialty Hospital is off a major roadway.

Response #7:

- The High Watch Recovery Center in Kent Connecticut is situated on a similar road.
- The patients require a lesser amount level of care than at a general hospital.
- Alternate routes to the proposed facility are available within the existing roadway network.

Chazen Comment #8

Turning-Template for Emergency Vehicles

We are aware of correspondence between the Applicant's site engineer and the Fire Department of Croton-on-Hudson regarding articulation of the department's 47-foot tower ladder #44 into, around and out of the Site. What is not documented, however, is the final review by the Fire Department of the last correspondence by the site engineer including the Fire Access Plan. Additionally, as a former municipal engineer, I am somewhat concerned with the very tight lateral dimensions afforded to the fire apparatus as it negotiates in and around the Site. Lastly, it is rare to see the turning of a large fire vehicle using a k-turn maneuver for its return trip to the roadway system.

Response #8:

- The Applicant has coordinated with the Fire Department of Croton-on-Hudson, including a site visit with the Fire Chief. No issues were raised at the on-site meeting.
- The K-turn maneuver is a standard maneuver which is contained in the New York State Fire Code, Appendix D.

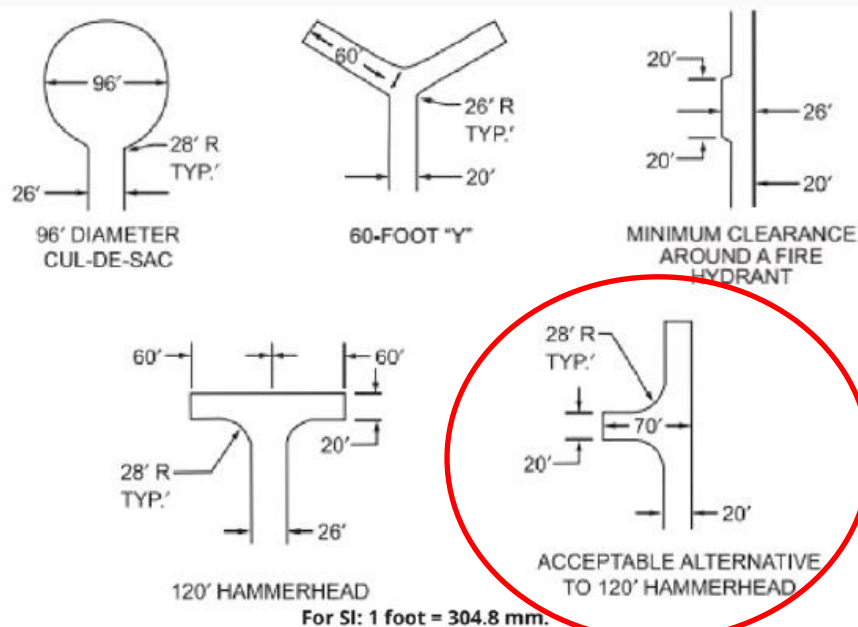


FIGURE D103.1

DEAD-END FIRE APPARATUS ACCESS ROAD TURNAROUND

Town of New Castle and Town of Ossining Review

- The New Castle Town Board recently questioned whether there has been coordination regarding this project. The Applicant submitted a letter to the Town of Cortlandt, dated January 18, 2018 addressing comments from the Town of New Castle dated November 14, 2017. The project has not changed since the letter was submitted.
- Town of Ossining's traffic consultant's memo states:

“It is our opinion that the proposed use of the site in Cortlandt will have an insignificant, if any, impact on the overall operation of roadways and intersection within the Town of Ossining. Results of the analyses indicate that the existing Level of Service would not change, which we agree with based on our review.”



PLANT SCHEDULE													
SYMBOL	QUANTITY	SCIENTIFIC NAME	COMMON NAME	SIZE	ROOT CONDITION	COMMENTS	SYMBOL	QUANTITY	SCIENTIFIC NAME	COMMON NAME	SIZE	ROOT CONDITION	COMMENTS
CJ	3	CRYPTOMERIA JAPONICA 'YOSHINO'	JAPANESE CRYPTOMERIA	3"-3 1/2" CAL	B&B	SPECIMEN	PI	6	PICEA GLAUCA	WHITE SPRUCE	6'-7" HT	B&B	X
JV	6	JUNIPERUS VIRGINIANA	EASTERN JUNIPER	6'-10" HT	B&B	X	PG	29	PICEA PLUNGENS 'GLAUCA'	COLORADO BLUE SPRUCE	6'-8" HT	B&B	X
PA	9	PICEA ABIES	NORWAY SPRUCE	12'-14" HT	B&B	X	TS	11	ILUXIA STANDISHII X PLICATA 'GREEN GIANT'	GREEN GIANT ARBORVITAE	6'-7" HT	B&B	X

2016 QUAKER RIDGE ROAD

PROPOSED SPECIALITY HOSPITAL

TOWN OF CORTLANDT, NEW YORK

LANDSCAPE BUFFER PLAN

REVISED: 07/07/2015, 01/04/2018
DATE: 01/30/2015

JMC PROJECT: 14088

FIGURE: 3

SCALE: 1"=120'

FIGURE 9

recording or otherwise, without the prior written consent of JOHN MEYER CONSULTING, INC. (JMC).



220 BEDFORD RD
ARMONK
NY 10504
(914) 273-5225
fax 273-2102
JMCPLLC.COM



Site Photographs – Building 2



Before

After



Site Photographs – Building 3

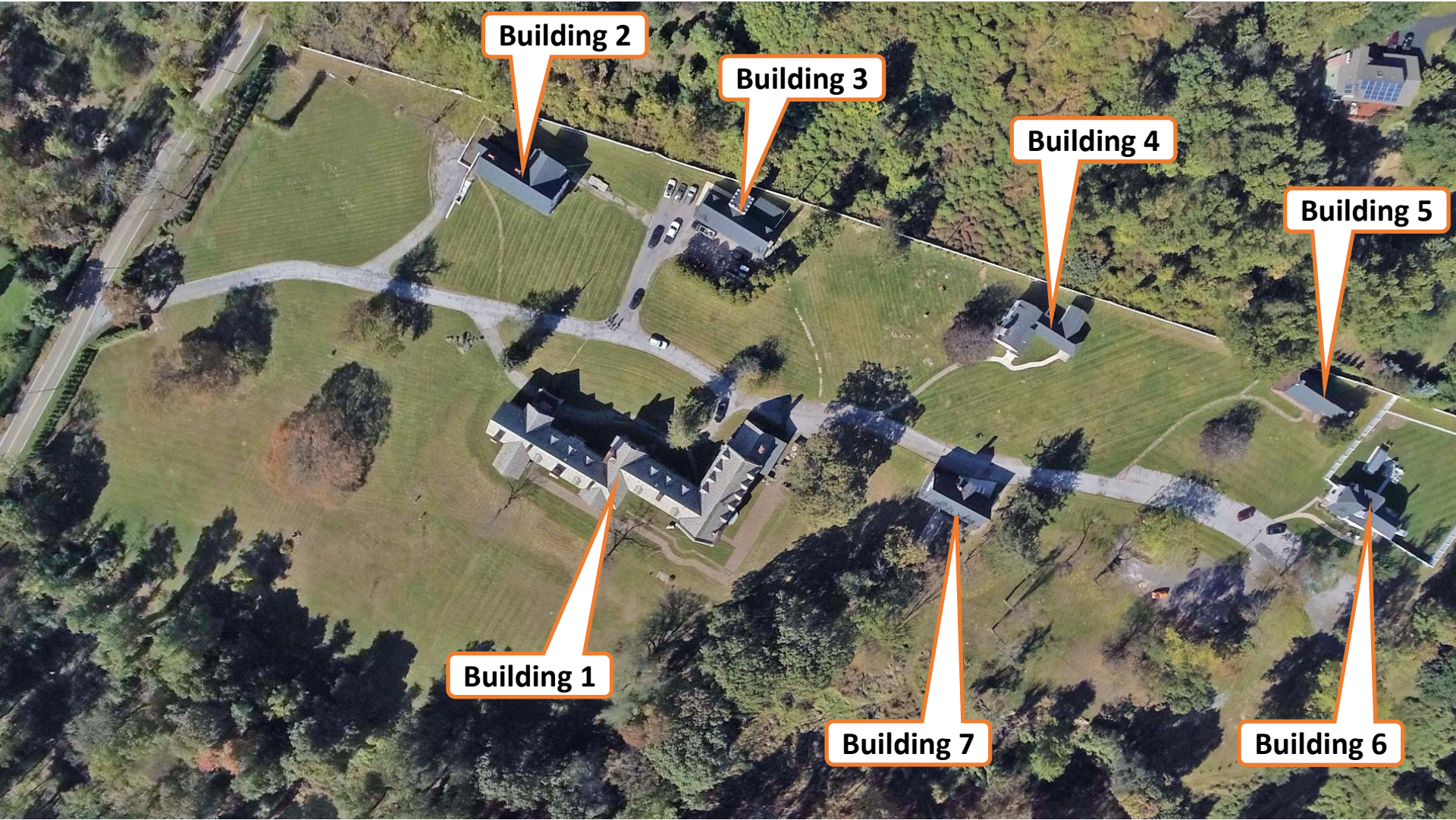


Before

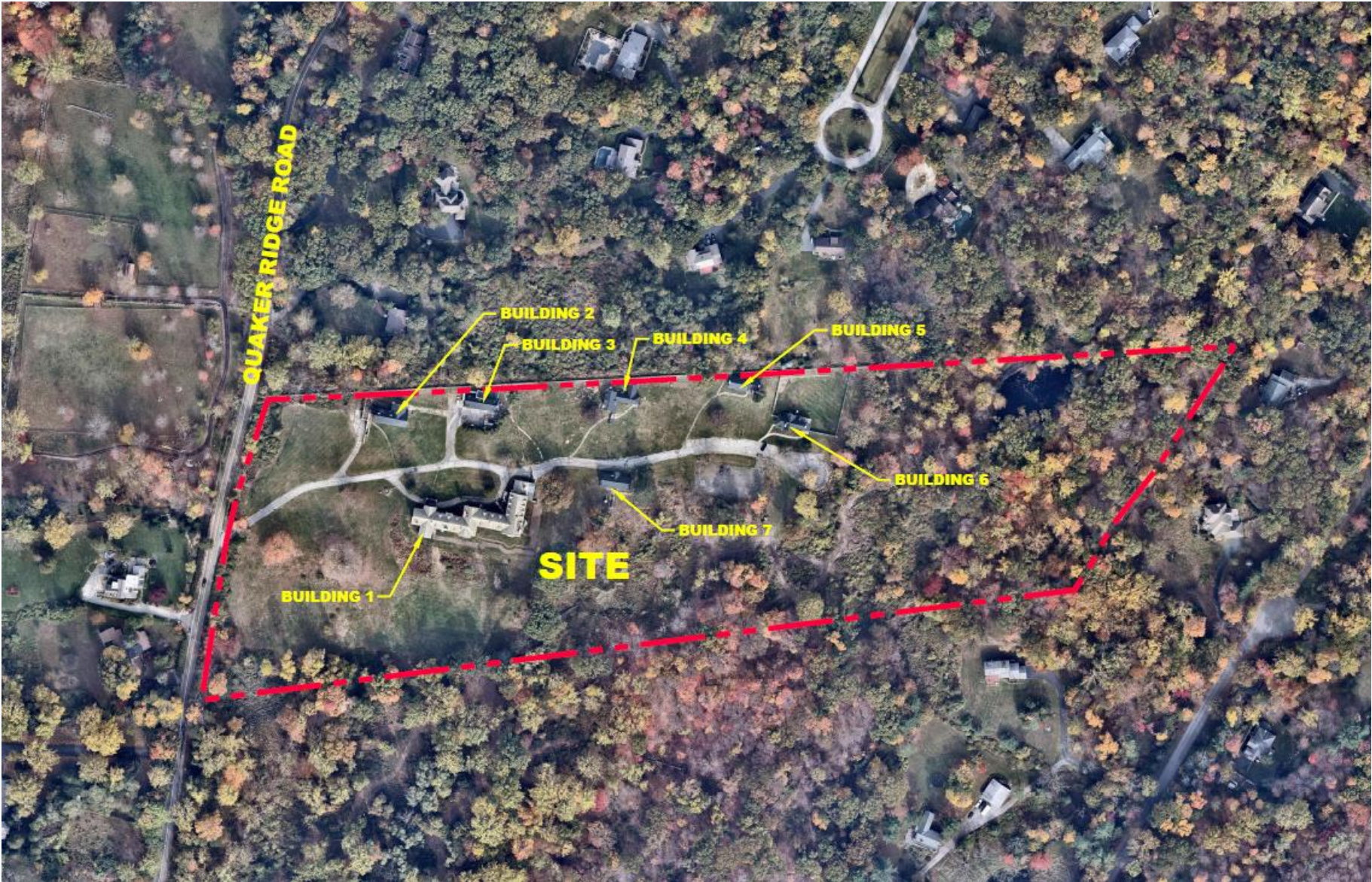
After



Aerial Photograph



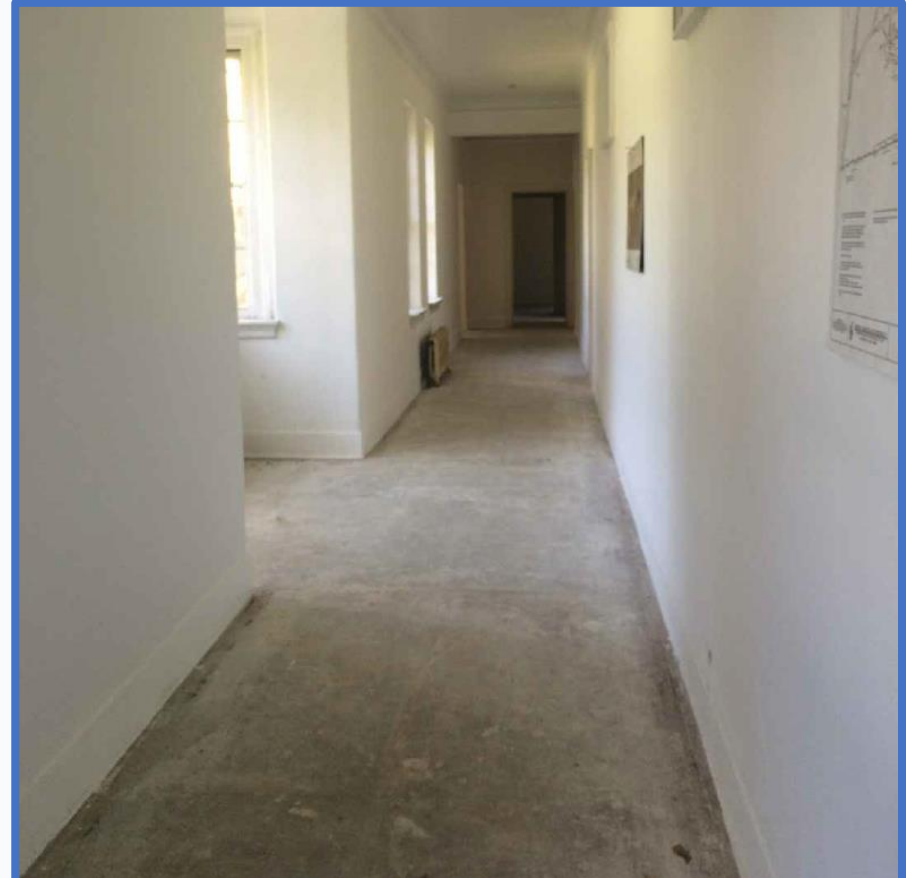
Aerial Photograph



Site Photographs – Building 1



Before



After

Site Photographs – Building 1



Before

After



Site Photographs – Building 1



Before

Site Photographs – Building 3



Before

After



APPENDIX 48

George Latimer
County Executive

February 19, 2021

Chris Kehoe, Deputy Planning Director
Cortlandt Town Hall
1 Heady Street
Cortlandt Manor, NY 10567-1254

**County Planning Board Referral File CTD 21-001 – Hudson Ridge Wellness Center
2016 Quaker Ridge Road
Special Permit and Site Plan Approval**

Dear Mr. Kehoe:

The Westchester County Planning Board has received a copy of a site plan (revised March 20, 2019) and other related materials pertaining to the reuse of seven existing buildings located at the former Hudson Institute property at 2016 Quaker Ridge Road. The 20.83 acre property is proposed to be converted into a 92 bed private, high-end/luxury residential treatment program for individuals recovering from substance use disorder. Site disturbance will be less than an acre and will include a new 13 space parking lot, utility upgrades, the installation of two new septic fields, and the creation of a rain garden. 65 total parking spaces are proposed.

We have reviewed the petition under the provisions of Section 239 L, M and N of the General Municipal Law and Section 277.61 of the County Administrative Code and we offer the following comments:

1. Recycling.

While a garbage and recycling storage area is established on the plans, the Town should verify that sufficient space will be available to store recyclables under the County recycling program, which includes plastics numbered 1 through 7. County regulations for plastic recycling may be found at: <http://environment.westchestergov.com>. We also recommend the applicant consider the on-site composting of food waste from the proposed dining facilities. Compost could serve as a resource for maintaining on-site landscaping.

2. Green building technology and bicycle parking.

We commend the applicant for including a rain garden in the site plans, and encourage the applicant to include as much further green building technology as possible into the proposed development. We also recommend the site plan include bicycle parking for employees. Electrical facilities should be provided near the parking area for the charging of E-Bicycles.

than an area variance; (3) whether the requested area variance is substantial; (4) whether the proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district; and (5) whether the alleged difficulty was self-created, which consideration shall be relevant to the decision of the board of appeals, but shall not necessarily preclude the granting of the area variance.

Along those lines, and among many other things, it would be helpful if the Planning Board could provide the ZBA with information related to the following, prior to its referral:

- A comprehensive community character analysis related to the proposed development, its effects on the community, population concentration, distribution and growth;
- Information about the potential for growth inducement caused by this development or any expansion of Quaker Ridge Road;
- Information related to the historic nature of Quaker Ridge Road and its corresponding designation;
- See generally, The SEQR Handbook, 4th Edition 2020, pp. 82-85
- Findings as related to the compatibility with the Town's Master Plan;
- Information related to physical environmental impacts;
- Information related to traffic impacts;
- Information related to visual impacts; and
- The long-term and short-term feasibility of mitigation proposals proposed by the applicant.

We thank you for your diligence in this, and all matters, and appreciate the job you are doing as lead agency.

APPENDIX 49



TOWN OF CORTLANDT
DEPARTMENT OF TECHNICAL SERVICES
PLANNING DIVISION

Michael Preziosi, P.E.
Director – D.O.T.S

Town Hall, 1 Heady Street
Cortlandt Manor, NY 10567
Main #: 914-734-1080

Town Supervisor
Linda D. Puglisi

Chris Kehoe, AICP
Deputy Director – Planning

Town Board
Richard Becker
Debra A. Carter
James F. Creighton
Francis X. Farrell

Planning Staff
Michelle Robbins, AICP
Rosemary Boyle-Lasher

TO: Chairperson Taylor & Members of the Planning Board

CC: Thomas F. Wood, Town Attorney
Chris Kehoe, Deputy Director of Planning / Clerk to Zoning and Planning Boards

FROM: Chairperson Douglas & Members of the Zoning Board of Appeals
Joshua B. Subin, Assistant Town Attorney

RE: The Application of Hudson Ridge Wellness

DATE: June 27, 2021

With regard to issues that cases such as Muller¹ have raised concerning the authority of zoning boards of appeals, the Zoning Board of Appeals (“ZBA”), as an involved agency, respectfully requests that the Planning Board, as lead agency, refer back questions of ZBA authority after the Planning Board has made a corresponding SEQR determination and the associated fact findings.

In making this request, the ZBA notes that while in Muller the court addressed questions related to a zoning board’s authority to waive or modify conditions of a special permit, in considering the exercise of that authority the court also applied the five factors of Town Law § 267-b. Consequently, if the ZBA is to make a full determination here, we prefer to have findings of fact related to SEQR prior to undertaking our review.

As one may anticipate, some of § 267-b’s five factors have the potential to overlap with SEQR findings, especially those related to the “character of the neighborhood” or adverse effects upon “physical or environmental conditions in the neighborhood.”

See generally, Town Law § 267-b:

In making its determination, the zoning board of appeals shall take into consideration the benefit to the applicant if the variance is granted, as weighed against the detriment to the health, safety and welfare of the neighborhood or community by such grant. In making such determination the board shall also consider: (1) whether an undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created by the granting of the area variance; (2) whether the benefit sought by the applicant can be achieved by some method, feasible for the applicant to pursue, other

¹ See Muller v. Zoning Bd. of Appeals Town of Lewisboro, 192 A.D.3d 805 (N.Y. App. Div. 2021) and other related cases.

than an area variance; (3) whether the requested area variance is substantial; (4) whether the proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district; and (5) whether the alleged difficulty was self-created, which consideration shall be relevant to the decision of the board of appeals, but shall not necessarily preclude the granting of the area variance.

Along those lines, and among many other things, it would be helpful if the Planning Board could provide the ZBA with information related to the following, prior to its referral:

- A comprehensive community character analysis related to the proposed development, its effects on the community, population concentration, distribution and growth;
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- Information related to the historic nature of Quaker Ridge Road and its corresponding designation;
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- Findings as related to the compatibility with the Town's Master Plan;
- Information related to physical environmental impacts;
- Information related to traffic impacts;
- Information related to visual impacts; and
- The long-term and short-term feasibility of mitigation proposals proposed by the applicant.

We thank you for your diligence in this, and all matters, and appreciate the job you are doing as lead agency.

APPENDIX 50

HUDSON RIDGE WELLNESS CENTER
CICERO CONSULTING ASSOCIATES PRESENTATION FOR TOWN OF CORTLANDT
PLANNING BOARD
May 4, 2021

Good Evening, members of the Board. I'm Brian Baldwin. In my 50-year career as a social worker I have been a mental health and substance use treatment clinician in both inpatient and outpatient settings, a Program Director, a New York State Office of Mental Health (OMH) and New York State Office of Addiction Services and Supports (OASAS) Quality Assurance Regulator, and for the last 22 years a Consultant, assisting healthcare organizations in developing mental health and substance use treatment programs and maintaining excellent clinical quality and compliance with NYS Regulations. My credentials have been previously submitted to the town in the ZBA proceeding. I have been advising Hudson Ridge Wellness for several years for Cicero Consulting Associates.

I am going to speak briefly regarding the matters of prior consultation in the OASAS process and the regulatory process as it pertains to ensuring programmatic and architectural quality.

First, with respect to the prior consultation process, the official record of hearings before the town shows that we have reached out on multiple occasions to OASAS and they are already aware of this potential project. We are certain, based on those contacts, that OASAS was already aware of the local issues that this project was encountering, specifically as a result of contact from the opposition, and OASAS wanted us to do our best to resolve these local issues before conducting the prior consultation process. So for the opposition to say that we have done something abnormal by not reaching out to conduct the prior consultation process first is a self-fulfilling prophecy – the opposition prevented us from doing so by its own devices. To make things clear on this matter, let me say that the prior consultation process with OASAS's Field Office and Local Governmental Unit has always been set up to occur after local issues have been resolved, if possible, so that the State and County bodies do not spend their time on a project that won't be able to proceed locally. That is a logical process that is applied by governments throughout New York State and the United States. And that is exactly how we are proceeding – we are attempting to secure local town approval first. When this local process is resolved, we will follow the logical path to the prior consultation process and then on to the formal application to the Central Office of OASAS. In conclusion, for the opposition to claim that we have not followed the normal process, when they are aware of our prior contacts with OASAS and almost certainly were the cause of the delay in our ability to seek a prior consultation, is not fair or proper, in my opinion.

OASAS HAS THE LEGAL AUTHORITY OVER ALL CHEMICAL DEPENDENCE SERVICES IN NYS

The New York State Office of Addiction Services and Supports (OASAS) has the authority to adopt standards including necessary rules and regulations pertaining to chemical dependency services. This authority is authorized by section 19.07(e) of the New York State Mental Hygiene Law.

ESTABLISHMENT, INCORPORATION AND CERTIFICATION OF PROVIDERS OF SUBSTANCE USE DISORDER SERVICES

OASAS has the authority to issue operating certificates to new chemical dependence treatment programs and to inspect and regulate those programs once they are established. The Hudson Ridge

HUDSON RIDGE WELLNESS CENTER
CICERO CONSULTING ASSOCIATES PRESENTATION FOR TOWN OF CORTLANDT
PLANNING BOARD
May 4, 2021

Residential Program will have to comply with all applicable codes in order to be issued a license and will have to continue to comply with all applicable codes as it operates the program.

- They will be required to have a medical director, who is a physician, and a staff of qualified health professionals.
- The ownership of Hudson Ridge Wellness will be required to include at least 10% ownership by a person with experience operating an OASAS licensed program or a substance use treatment program licensed in another state.
- All owners will have to undergo an extensive background check.

PERIODIC INSPECTION OF OASAS LICENSED PROGRAMS

OASAS licensed programs are regularly inspected at least two times per year by OASAS licensing staff. The proposed Hudson Ridge Residential Program will be subject to this OASAS oversight. Recertification reviews, which are unannounced, and which occur at least every 3 years, include the following areas of review:

- (1) on-site inspection of facility appearance, conditions and general safety;
- (2) evaluation of the governing authority, with emphasis on its management systems and procedures;
- (3) review of patient/client records;
- (4) interviews of staff and patients/clients;
- (5) examination of staffing patterns and staff qualifications;
- (6) analysis of statistical information contained in reports required to be submitted to OASAS by the provider of services;
- (7) a review of compliance with the reporting requirements of OASAS;
- (8) verification of staff credentials and employee or contractor compliance with the provisions of Part 805 of this Title;
- (9) compliance with the requirements of Part 836 of this Title and regulations of the Justice Center;
- (10) such other operating areas of activities as may be necessary or appropriate to determine compliance with applicable laws and regulations.

OASAS HAS THE AUTHORITY TO ESTABLISH GENERAL FACILITY REQUIREMENTS FOR CHEMICAL DEPENDENCE SERVICES

Part 814 governs the square footage requirements for sleeping areas and ancillary or program space. OASAS will decide if the floor plan is adequate for 92 beds, which is the maximum number that Hudson Ridge Wellness will apply for.

APPENDIX 5 I



Village and Town of Ossining

16 Croton Avenue
Ossining, NY 10562



Tel. (914) 941-3554

Fax (914) 941-5940

www.villageofossining.org

July 12, 2021

Town of Cortlandt
Department of Technical Services
Planning Division
Town Hall Office # 4
1 Heady Street
Cortlandt Manor, New York 10567
Attention: Chris Kehoe, AICP, Deputy Director of Planning

Copies 8 Planning Board

5 Town Board

8 Zoning Board

1 Legal Dept.

1 DOTS Director

C.A.C.

A.R.C.

1 Applicant

1 Robert Davis, Esq.

1 Ralph Mastromarino, P.E.

Re: 2016 Quaker Ridge Road

Hudson Ridge Wellness Center

Sent 7/14/21

Dear Deputy Director Kehoe:

On behalf of the Town of Ossining and Village of Ossining please accept this letter regarding the proposed Hudson Ridge Wellness Center at 2016 Quaker Ridge Road in the Town of Cortlandt. We note that on May 17, 2021, the Appellate Division Second Judicial Department in Matter of Hudson Ridge Wellness Center v. Zoning Board of Appeals of the Town of Cortlandt, denied the application by nonparty-appellant Responsible Hudson Institute Site Development, Inc. staying the Town of Cortlandt from further processing land use applications submitted by Hudson Ridge Wellness Center ("Hudson Ridge"). Since it is presumed that the application will proceed at both the town's Planning Board and Zoning Board of Appeals, we wanted to forward this letter to you now.

Initially it should be noted that approximately 75% of the Hudson Ridge property is within the Indian Brook Watershed. The Work Plan for the proposed Indian Brook/Croton Gorge Overlay Zone, which project is being managed through your department notes the following:

The Indian Brook-Croton Gorge watershed is located across the five municipalities in northern Westchester County. The watershed is approximately 3,400 acres/5.3 square miles. Located within the watershed is the Indian Brook Reservoir, the drinking water source for the Town and Village of Ossining as well as the Croton-on-Hudson water aquifer. The area is an important tributary to the Hudson River and is characterized by large areas of wetland, several waterbodies, a diversity of plant and animal species and several areas of steep slope....

The proposed overlay zone will specifically target the Indian Brook-Croton Gorge Watershed. The intended target of the overlay zone is the residents and visitors to the watershed. The overlay zone will provide a uniform set of environmental regulations across jurisdictions which is the best way to protect the important resource. Conformity in wetland and wetland buffer regulations, agreed upon limits to new impervious surfaces, potential land use/zoning modifications across jurisdictions provide the best opportunity to protect the resource.

The recently received Project Approach document from consultant Weston and Sampson further defines the scope of work. The consultant will, "conduct a complete maximum build-out analysis based on the existing underlying zoning. This analysis will be used to understand how development is likely to impact not only water resources, but terrestrial habitats and landscape ecotypes."



In response to a FOIL request, you provided drawings for the Hudson Ridge project. Those drawings raise concerns for the protection of the Indian Brook Watershed, Indian Brook Reservoir and the drinking water available to residents and businesses in the Town of Ossining and Village of Ossining. Those concerns include:

- Much of the sanitary collection system is in the Indian Brook Watershed.
- The On-Site Wastewater Treatment System (OTWS) and at least one-half of the primary OTWS are proposed to be located in the Indian Brook Watershed. The provided drawings did not indicate if the OTWS included a subsurface disposal system.
- The location for the proposed recycle/refuse dumpsters near existing Main Building 1 is in the Indian Brook Watershed which has the potential to impact water quality.
- The existing water system (to be abandoned) is in the Indian Brook Watershed as well as well 1 (potable). An increase in water use at the project site can impact the Indian Brook Reservoir. Please forward current and planned water consumption information. If such information is unavailable, please confirm.
- Site work including roadway widening and new walkways will increase surface runoff which may impact water quality.
- If a stormwater management plan (SWPPP) has been prepared, please provide that document for review by village and town representatives.

While a more detailed review of project documents is necessary, there are concerns that the proposed development at 2016 Quaker Ridge Road will negatively impact the Indian Brook Watershed and reservoir and lead to increased traffic. We request that a copy of this letter be forwarded to the members of the Town of Cortlandt's land use boards considering the pending application for development. The protection of the watershed and the drinking water for the residents of the Town of Ossining is of paramount concern. Further, we request that as neighboring municipalities, that we be made aware when the applications will be on the agendas of the town's land use boards and/or town board.

Regarding traffic, it is our understanding that much of the traffic to and from the property will go through the Town of Ossining leading to increased carbon emissions, runoffs and additional wear and tear to the area roadways. A considerable amount of time has passed since the 2016 traffic study and conditions including increased commercial and truck traffic on Old Albany Post Road have changed. Additionally, Albany Post Road has a five-ton weight limit and therefore cannot be considered as a viable means of access for vehicles exceeding the weight limit to enter/exit the property. Further, while the Crotonville area of the Town of Ossining has been characterized as industrial, that is not the case as there are several residential properties in the area most of which do not have sidewalks, are very close to Old Albany Post Road and are regularly placed in a hazardous condition by the ever increasing number of vehicles traversing the road. It is notable that the applicant will require a variance from the Town of Cortlandt's Zoning Board for a special permit that hospitals be on a state road. That the Town of Cortlandt recognizes that there are appropriate locations for such facilities proving sufficient access for vehicles, indicates that the planned location for the Hudson Ridge Wellness Center may be inappropriate.

We shall continue to monitor this development as it proceeds. Thank you.

Very truly yours,

Dana Levenberg
Supervisor Town of Ossining

Rika Levin
Mayor Village of Ossining

cc: Town of Cortlandt Planning Board
Town of Cortlandt Zoning Board of Appeals
Town Board, Town of Ossining
Board of Trustees, Village of Ossining
Village Manager Karen D'Attore
Village Engineer Paul Fraioli
Village Water Superintendent Andy Tiess

APPENDIX 52



August 6, 2021

Mr. Steve Laker
Hudson Ridge Wellness Center Inc.
72 North State Road
Briarcliff Manor, NY 10510

Via Electronic Transmission

RE: Response to Village and Town of Ossining Comments
Hudson Ridge Wellness Center
2016 Quaker Ridge Road, Cortlandt, New York

Dear Mr. Laker:

WSP USA Inc., and related company Hydrogeologic Architecture, Land Surveying, Landscape Architecture Services, P.C. (WSP), has prepared the following response to comments from the Village and Town of Ossining (Ossining) regarding the proposed Hudson Ridge Wellness Center (HRWC) at 2016 Quaker Ridge Road in the Town of Cortlandt, New York. These comments were submitted to the Town of Cortlandt Planning Board in a letter dated July 12, 2021. Ossining's primary concern is related to the potential impact by the proposed development to the Indian Brook Watershed, the Indian Brook Reservoir and the drinking water available to residents and businesses in Ossining. Each comment and corresponding response is presented below.

- *Much of the sanitary collection system is in the Indian Brook Watershed.*

This statement is incorrect. The former septic system that served the property is located entirely within the Indian Brook Watershed and will be abandoned and replaced with a modern sanitary collection system. Approximately half of the new sanitary collection system for the proposed HRWC is located in the Indian Brook Watershed (see attached Figure). No part of the proposed septic system will be located in the Indian Brook Reservoir Critical Environmental Area (CEA). The modern system that is proposed is designed to much higher standards than the older system and includes a Recirculating Gravel Filter (RFG) which is used to polish septic tank effluent prior to discharging to the subsurface system. In addition, the galley disposal chambers of the new system is designed to have a larger storage capacity than traditional systems. This will allow for better distribution of the treated wastewater, with a significant advantage of regulating the diurnal peaks of flows. The applicant has also included a dedicated emergency generator to automatically operate the sewage pumps if there is an electrical outage.

The Indian Brook Watershed encompasses approximately 768 acres. Based on an annual recharge rate to the bedrock aquifer beneath the site of 8.45 inches per year (Wolcott & Snow, 1995)¹, the underlying bedrock in the watershed receives about 629 gpd/acre (gallons per day per acre), or approximately 483,000 gpd. The proposed sanitary sewer system located within the Indian Brook Watershed encompasses approximately 0.5 acre or approximately 0.07 percent of the watershed area. The daily sewage flow design for the project is 12,485 gpd, half (6,240 gpd) of which would be

¹ Wolcott, Stephen W. and Robert F. Snow, 1995, "Computation of Bedrock-Aquifer Recharge in Northern Westchester County, New York, and Chemical Quality from Selected Bedrock Wells", U.S. Geological Survey, Water Resources Investigation Report 92-4157.

discharged to the sanitary collection system located within the Indian Brook Watershed. This is equivalent to 20 average size homes. The proposed wastewater disposal system, which has been approved by WCDH, includes several features that are not required by any agency and were voluntarily provided by the HRWC because it greatly enhances the reliability of the treatment process, far above the typical septic system. Because this system will be constructed to higher standards than the older system (to be abandoned), includes extraordinary wastewater treatment processes that will renovate the wastewater to negate any impacts and is completely outside of any wetland buffer, there will be no significant impact to the Indian Brook Watershed.

- *The location for the proposed recycle/refuse dumpsters near existing Main Building 1 is in the Indian Brook Watershed which has the potential to impact water quality.*

The recycle/refuse dumpsters will be located in a dedicated area and managed properly. All dumpsters will be in sound condition, with working lids. The lids will remain closed when the dumpsters are not in use and the dumpsters will be emptied in a timely manner (before exceeding their capacity). The dumpsters will only be used for storing typical household waste and hazardous wastes shall not be deposited in any of the dumpsters. No medical wastes (i.e. needles, medication, etc.) will be deposited in the dumpsters. Any damaged dumpster that is identified will be replaced with an undamaged container in a timely manner.

- *The existing water system (to be abandoned) is in the Indian Brook Watershed as well as Well 1 (potable). An increase in water use at the project site can impact the Indian Brook Reservoir. Please forward current and planned water consumption information.*

The proposed HRWC is not a general hospital or like a typical nursing home. There will be no outpatient treatment or emergency room, very restricted visitation, no irrigation system and no laundry done onsite. Based on the potable supply demands, the proposed HRWC at full occupancy will require an average daily demand of 12,660 gpd or a designed pumping rate of approximately 8.8 gpm (gallons per minute). This demand is based on NYSDEC standards and has been approved by Westchester County Department of Health. Full occupancy is anticipated to take five years from opening. Please note that Well 2 is located in the Indian Brook Watershed, not Well 1. Well 1 from the former water system is located in the Indian Brook Watershed. The former potable water system will be replaced by a new potable water system comprised of two new wells (Well 1 and Well 2), shown on Figure 2. The potable supply system will be supported by the two wells equally so that water is not drawn from one well.

The proposed water demand for maximum occupancy is summarized on the table below.

Usage Type	Number	Usage Rate ^{1/} (gpd)	Water Demand (gpd)
Hospital Beds	92	110	10,120
Staff	86	15	1,290
Garage/Office Building	400 sf	0.1 gpd/sf	40
Outbuilding Beds	6 ^{2/}	110	660
Staff Residence	3 bedrooms	110 gpd/br	330
Building 2			220
Total Average Daily Flow (gpd) ^{3/}			12,660
Total Average Daily Flow (gpm)			8.8

^{1/} Usage rate approved by WCDH in a letter dated December 14, 2017.

^{2/} Note that six outbuilding beds are to serve the maximum 92 patients, but because they are located in different buildings, WCDH requires a separate accounting of each bed.

^{3/} Note that the average daily flow for the first year is estimated at 6,855 gpd (4.8 gpm) based on 41 patients and 73 staff.



On an annual basis, approximately 85 percent of potable supply will be returned to the ground by the septic systems through percolation from the leachfield. As a result, the total consumptive use, or water lost from the groundwater system, will be approximately 15 percent of the average water demand or approximately 1,900 gpd. Based on an annual recharge rate to the bedrock aquifer beneath the site discussed in the previous comment, the underlying bedrock receives about 629 gpd/acre, or a total of approximately 9,516 gpd for the 15.13-acre project parcel located in the watershed and 13,000 gpd of direct recharge to the entire 20.8 acre property. This precipitation recharge rate to the portion of the property within the Indian Brook Watershed is over five times the actual total consumptive use of 1,900 gpd (actual consumptive use because the project will be served by onsite wastewater septic systems which will return 85 percent of the water back in to the groundwater system). The consumptive use of the proposed wellness center (1,900 gpd) is approximately 20 percent of the groundwater directly recharging the 15.13 acres located in the Indian Brook Watershed and 0.4 percent of the groundwater recharging the entire watershed. No impacts to the Indian Brook Reservoir are expected.

- *Site work including roadway widening and new walkways will increase surface runoff which may impact water quality.*

Site work activities will result in temporary disturbances of the property. Prior to any driveway widening or walkway installation, sediment and erosion controls will be installed on the downslope side of the construction activity to prevent any sediment transport. The sediment and erosion control structures, which will include hay bales and silt fencing, will be installed prior to initiating disturbance activities. Disturbed areas not to be repaved will be seeded and mulched until permanent grass cover is established. No permanent or long-term impact to water quality associated with proposed driveway widening or walkway installation is expected.

Please feel free to contact Karen directly at (475) 882-1706 with any questions or comments you may have.

Kind regards,

WSP USA Inc.

Karen Destefanis, CPG, PG(NY)
Lead Hydrogeologist

Affirmed by:

Thomas P. Cusack, CPG, PG(NY)
Senior Supervising Hydrogeologist

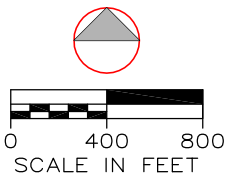
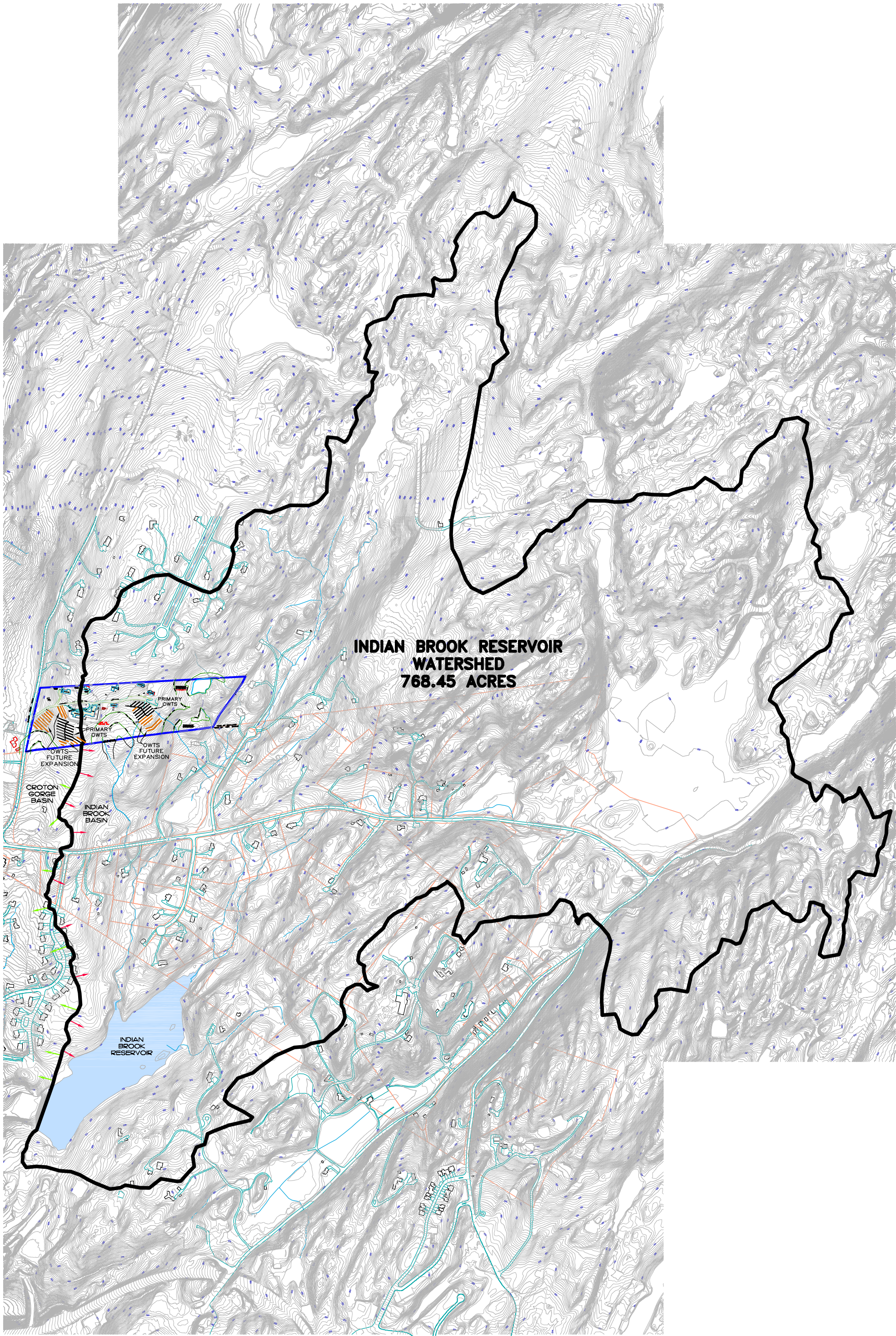
KD:mmm

Enclosures

H:\Hudson Ridge Wellness Center\2021\Response to Ossining.doc

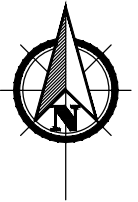


FIGURES



O:\DWG\Hudson Ridge Wellness Center\2021\F2_SiteMap.dwg, Layout1, 8/6/2021 8:56:42 AM, DWG To PDF.pc3

B



LEGEND

- PROPERTY BOUNDARY
- ⊕ EXISTING WELL LOCATION



WSP USA, Inc. and related company
Hydrogeologic, Architecture, Land Surveying,
Landscape Architecture, P.C. (WSP)
4 Research Drive
Suite 204
Shelton, Connecticut 06484
(203) 929-8555

Drawn By:	RAC
Checked:	KD
Approved:	TPC
DWG Date:	08/06/21

Hudson Ridge Wellness Center
2016 Quaker Ridge Road
Town of Cortlandt, New York

SITE MAP

FIGURE 2

APPENDIX 53

White Plains Unit
Frank M. Cicero
Charles F. Murphy, Jr.
James Psarianos
Michael D. Ungerer
Noelia Chung
Brian Baldwin
Michael F. Cicero
Karen Dietz
Evelyn Branford
Michael C. Maiale
Patrick Clemente

Cicero Consulting Associates VCC, Inc.

925 Westchester Ave. • Suite 201 • White Plains, NY 10604
Tel: (914) 682-8657 • Fax: (914) 682-8895
cicero@ciceroassociates.com

Albany Unit
William B. Carmello
Joseph F. Pofit
Albert L. D'Amato
Mark Van Guysling
Rosemarie Porco
Daniel Rinaldi, Jr.
Mary Ann Anglin

Emeritus Consultants
Nicholas J. Mongiardo
Joan Greenberg
Martha H. Pofit
Frank T. Cicero, M.D.
Rose Murphy

Michael P. Parker, Sr.
(1941-2011)
Anthony J. Maddaloni
(1952-2014)

August 9, 2021

Ms. Loretta Taylor
Chairperson, and Members of the
Town of Cortandt Planning Board
Town Hall
1 Heady Street
Cortlandt Manor, NY 10567

Re: Hudson Education and Wellness Center

Dear Ms. Taylor:

This letter is being submitted to you, on behalf of and at the request of our client, Hudson Ridge Wellness Center, in order to provide information about the communication between Hudson Ridge Wellness Center, Cicero Consulting Associates, and the New York State Office of Addiction Services and Supports.

We have attached the following:

1. Hudson Ridge Wellness Communication with OASAS Timeline.
2. Copies of written correspondence to and from OASAS.
3. Copies of e-mails to and from OASAS.

Thank you for your consideration of this information.

Sincerely,

Brian M. Baldwin

Att:

cc: Mr. Steven Laker, Hudson Ridge Wellness
Mr. Robert Davis, Davis, Singleton, Davis
Mr. Frank M. Cicero, Cicero Consulting Associates

CORRESPONDENCE AND COMMUNICATION TIME-LINE
STEVEN LAKER TO AND FROM NYS OASAS
CICERO CONSULTING ASSOCIATES TO AND FROM OASAS

COMMUNICATION BETWEEN HUDSON RIDGE WELLNESS AND NYS OASAS				
DATE	TYPE	TO	FROM	CONTENT
7/13/16	Letter	Hudson Ridge Wellness	Diane Gerdon, OASAS	We don't have this letter.
8/8/16	Letter	Diane Gerdon, OASAS	Steven Laker, HRW	"Please note that we are not an operational facility." "However, Hudson Ridge Wellness Center, Inc. is planning to seek certification in the near future from OASAS..".
2/11/19	Letter	Hudson Ridge Wellness	Dena Holmes, OASAS	"chemical dependence treatment services are subject to OASAS certification and regulation under Article 32 of the Mental Hygiene Law". Ms. Holmes requested that Hudson Ridge complete the <u>Need for OASAS Certification Questionnaire</u> .
2/25/19	Letter	Dena Holmes, OASAS	Steven Laker, HRW	We don't have the signed copy of this letter. "Please note, as was the case back in 2016, that at this time we are not an operational facility. The buildings on the former Hudson Institute are <i>still</i> not currently in the condition to house anyone at this time. However, Hudson Ridge Wellness Center, Inc. is planning to seek certification in the near future from OASAS..".
6/21/19	Letter	Steven Laker, HRW	Janet Paloski, OASAS	This letter had the completed <u>Need for OASAS Certification Questionnaire attached</u> . "We would like to confirm that Hudson Ridge is required to be licensed by the New York State Office of Alcoholism and Substance Abuse Services (NYSOASAS) in order to operate a Chemical Dependence Residential Program under Part 820 of

CORRESPONDENCE AND COMMUNICATION TIME-LINE
STEVEN LAKER TO AND FROM NYS OASAS
CICERO CONSULTING ASSOCIATES TO AND FROM OASAS

				NYCRR. Hudson Ridge has notified the town of Cortland of their intention to seek OASAS approval for the establishment of a chemical dependence residential program in their town and the town has inquired about the need for licensure”.
7/11/19	Letter	Steven Laker, HRW	Dena Holmes, OASAS	“Your completed <u>Need for OASAS Certification Questionnaire</u> states that services are not currently being provided but does provide information on a proposed program. Please note, as was stated in our February 11, 2019 communication, Mental Hygiene Law section 32.05(a) defines the circumstances when an entity must obtain certification for the operation of a residential or outpatient program for treatment of a person suffering from a substance use disorder.”

COMMUNICATION BETWEEN CICERO CONSULTING ASSOCIATES AND NYS OASAS *Please note that Cicero Consulting Associates was engaged by HRW on 3/19/19				
DATE	TYPE	TO	FROM	CONTENT
5/30/19	Letter	Janet Paloski, OASAS	Frank Cicero, Cicero Consulting Associates	“..I am requesting a letter from you confirming that Hudson Ridge is required to be licensed by the New York State Office of Alcoholism and Substance Abuse Services (NYSOASAS) in order to operate a Chemical Dependence Residential Program under Part 820 of NYCRR”.
6/10/19	E-MAIL	Brian Baldwin, Cicero	Janet Paloski, OASAS	“Brian - I received the attached letter from Frank Cicero regarding Hudson Ridge Wellness Center. I have attached Mental Hygiene Law 32.05 which spells out who needs to

CORRESPONDENCE AND COMMUNICATION TIME-LINE
STEVEN LAKER TO AND FROM NYS OASAS
CICERO CONSULTING ASSOCIATES TO AND FROM OASAS

		Consulting Associates		be certified to provide SUD services. I also attached OASAS Uncertified Services Inquiry which we requested from Hudson Ridge Wellness Center in 2017 and again in 2019. Please have them fill out this inquiry so we can determine if the services they provide require certification
6/10/19	E-MAIL	Janet Paloski, OASAS	Brian Baldwin, Cicero Consulting Associates	"Thank you Janet. We will send you the completed Uncertified Services Inquiry when they complete it, so that you can issue an opinion on their need for OASAS licensure, which we are sure is required."
7/12/19	E-MAIL	Brian Baldwin, Cicero Consulting Associates	Dena Holmes, OASAS	"Brian - sending this to Steven today - he is getting a hard copy in the mail."
7/12/19	E-MAIL	Dena Holmes, OASAS	Brian Baldwin, Cicero Consulting Associates	"Thank you, Dena."
7/19/19	E-MAIL	Brian Baldwin, Cicero Consulting Associates	Dena Holmes, OASAS	"Good morning Brian - I believe you called earlier for Janet Paloski? Is there anything I can assist with? I know we spoke about Hudson Ridge last week? Is there something else you wanted to discuss?"
7/19/19	E-MAIL	Dena Holmes, OASAS	Brian Baldwin, Cicero Consulting Associates	Dena, Yes, I wanted to speak to Janet in order to advocate for a letter from OASAS that more clearly answers the submission of the <u>Need for OASAS Certification Questionnaire</u> by our client, Hudson Ridge Wellness

CORRESPONDENCE AND COMMUNICATION TIME-LINE
STEVEN LAKER TO AND FROM NYS OASAS
CICERO CONSULTING ASSOCIATES TO AND FROM OASAS

				Center. We would appreciate a letter that clearly answers the question of whether their proposed chemical dependence residential treatment program requires licensure by OASAS under part 820, so that they can communicate that to the Town of Cortlandt.”
8/5/19	E-MAIL	Dena Holmes, OASAS	Brian Baldwin, Cicero Consulting Associates	“Dena, I am following up on my e-mail of July 19. Will there be any further clarification? Thanks. Brian”
8/7/19	Letter	Janet Paloski, OASAS	Frank Cicero, Cicero Consulting Associates	“I am responding, on behalf of our client, Hudson Ridge Wellness Center, to Dena Holmes’ July 11, 2019 letter to Steven Laker. Please let us know if the proposed 820 residential program requires OASAS licensure under Part 820 of 14 NYCRR.
8/21/19	E-MAIL	Brian Baldwin, Cicero Consulting Associates	Janet Paloski, OASAS	“Brian – I know I owe Frank a response to his letter. Hopefully I will be able to get a response done by the end of the week.”
8/21/19	E-MAIL	Janet Paloski, OASAS	Brian Baldwin, Cicero Consulting Associates	“Thanks, Janet. We feel strongly that since Hudson Ridge is considering the establishment of a Residential Chemical dependence Treatment program, they deserve to receive a written confirmation that their proposed program requires OASAS approval and licensure under Part 820. Brian”

CORRESPONDENCE AND COMMUNICATION TIME-LINE
STEVEN LAKER TO AND FROM NYS OASAS
CICERO CONSULTING ASSOCIATES TO AND FROM OASAS

8/23/19	Letter	Frank Cicero, Cicero Consulting Associates	Janet Paloski, OASAS	<p>“To date, OASAS has not seen any proposal from Hudson Ridge and as such, cannot make a determination whether certification is required. The only information we have on Hudson Ridge is a <u>Need for OASAS Certification Questionnaire</u> in which Stephen Laker stated that he is not currently providing services but was interested in seeking OASAS approval to establish a chemical dependence residential program under Part 820. In a letter dated July 11, 2019, Dena Holmes directed Mr. Laker to the OASAS certification website for the steps to obtain certification. Once a completed certification application is received from Hudson Ridge, OASAS certification will review and determine whether the services proposed in the application require OASAS certification.”</p>
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August 8, 2016

Ms. Diane Gerdon
Certification Specialist
Bureau of Certification & System Management
1450 Western Avenue
Albany, NY 12203-3526

Re: Letter of Inquiry Regarding Program Services

Dear Ms. Gerdon,

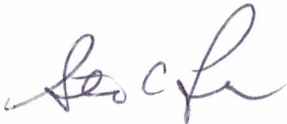
We received your letter dated July 13, 2016 from the New York State Office of Alcoholism and Substance Abuse Services (OASAS) regarding Hudson Ridge Wellness Center, Inc. and a recent article that you received.

Please note that at this time that we are not an operational facility. The buildings on the former Hudson Institute are not currently in the condition to house anyone at this time.

However, Hudson Ridge Wellness Center, Inc. is planning to seek certification in the near future from OASAS and has recently hired Shari Noonan to assist with this matter.

We thank you for your note and look forward to working with your agency in the future.

Sincerely,

A handwritten signature in blue ink, appearing to read 'S. Laker', with a stylized flourish at the end.

Steven Laker
Vice President
Hudson Ridge Wellness Center, Inc.

CC: Shari Noonan

FedEx Express **NEW Package**
US Airbill

FedEx Tracking Number **8066 8038 6177**

Form ID No. **0200**

Sender's Copy

From *Please print and press hard.*

Date **9/8/16** Sender's FedEx Account Number **571406802**

Sender's Name **Steven Laker** Phone **(914) 643-9711**

Company

Address **72 N State Road 502**

City **Branciff Manor** State **NY** ZIP **10570**

Your Internal Billing Reference

First 24 characters will appear on invoice.

OPTIONAL

To Recipient's Name **Diane Gerdon** Phone ()

Company **OASAS Bureau of Certification & System**

Address **1450 Western Ave**

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept./Floor/Suite/Room

Address

Use this line for the HOLD location address or for continuation of your shipping address.

City **Albany** State **NY** ZIP **12203-3526**

HOLD Weekday
FedEx location address
REQUIRED. NOT available for
FedEx First Overnight.

HOLD Saturday
FedEx location address
REQUIRED. Available ONLY for
FedEx Priority Overnight and
FedEx 2Day to select locations.

4 Express Package Service * To most locations.
NOTE: Service order has changed. Please select carefully.

Next Business Day

☐ **FedEx First Overnight**
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ **FedEx Priority Overnight**
Next business morning. * Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ **FedEx Standard Overnight**
Next business afternoon.*
Saturday Delivery NOT available.

2 or 3 Business Days

☐ **FedEx 2Day A.M.**
Second business morning.*
Saturday Delivery NOT available.

☐ **FedEx 2Day**
Second business afternoon.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☒ **FedEx Express Saver**
Third business day.*
Saturday Delivery NOT available.

5 Packaging * Declared value limit \$500.

☒ **FedEx Envelope*** ☐ **FedEx Pak*** ☐ **FedEx Box** ☐ **FedEx Tube** ☐ **Other**

6 Special Handling and Delivery Signature Options

☐ **SATURDAY Delivery**
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

☐ **No Signature Required**
Package may be left without obtaining a signature for delivery.

☐ **Direct Signature**
Someone at recipient's address may sign for delivery. *Fee applies.*

☐ **Indirect Signature**
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. *Fee applies.*

Does this shipment contain dangerous goods?

One box must be checked.

☐ **No** ☐ **Yes**
As per attached Shipper's Declaration.

☐ **Yes**
Shipper's Declaration not required.

☐ **Dry Ice**
Dry Ice, 9 UN 1845 x kg

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

☐ **Cargo Aircraft Only**

7 Payment Bill to:

☒ **Sender** Acct. No. in Section 1 will be billed. ☐ **Recipient** ☐ **Third Party** ☐ **Credit Card** ☐ **Cash/Check**

Total Packages **1** Total Weight lbs. \$ **644.00** Total Declared Value*

*Our liability is limited to US\$100 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability.

Rev. Date 1/12 • Part #167002 • ©2012 FedEx • PRINTED IN U.S.A. SRF



Easy new Peel-and-Stick airbill. No pouch needed.

Apply airbill directly to your package. See directions on back.

644



**Office of Alcoholism and
Substance Abuse Services**

ANDREW M. CUOMO
Governor

**ARLENE GONZÁLEZ-SÁNCHEZ, M.S.,
L.M.S.W.**
Commissioner

February 11, 2019

UPS GROUND

Hudson Ridge Wellness Center, Inc.
72 North State Road # 502
Briarcliff Manor, NY 10510

Re: Letter of Inquiry Regarding Program Services

Dear Sir or Madam:

Please be advised that the New York State Office of Alcoholism and Substance Abuse Services (OASAS) has learned that Hudson Ridge Wellness Center, Inc. may be operating without appropriate OASAS certification in the State of New York. You should be aware that chemical dependence treatment services, including assessments for impaired drivers (DWI's/DUI's) are subject to OASAS certification and regulation under Article 32 of New York State Mental Hygiene Law (MHL). Information on Hudson Ridge Wellness Center, Inc.'s website lists "The Hudson Ridge Wellness Center addiction program philosophy and program model utilizes the Twelve (12) Step – Disease Concept model of addictions, which is based on the principles of Alcohol Anonymous and is abstinence based".

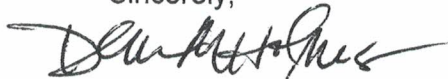
Therefore, I am forwarding the "***Need for OASAS Certification Questionnaire***" developed by OASAS. The questionnaire is an evaluation tool that will assist OASAS in determining whether Hudson Ridge Wellness Center, Inc., is providing chemical dependency services as defined in MHL §32.05.

After our review, a determination regarding the certification status of your entity will be made. Should the review demonstrate that your program services are not subject to OASAS certification, the matter will be considered closed.

Alternatively, should the review determine that Hudson Ridge Wellness Center, Inc. is providing chemical dependency services as defined in MHL §32.05, you will be required to obtain an OASAS Operating Certificate to continue providing such services. At that point, the OASAS Regional Office and Certification Bureau would be available to assist in the development of your certification application.

Please submit the completed "**Need for OASAS Certification Questionnaire**" (enclosed) and any relevant supporting documentation that you feel would assist in explaining your program services (e.g., pamphlets, program literature) within ten (10) business days from the receipt of this letter to my attention at NYS OASAS, 1450 Western Avenue, Albany, NY 12203. Failure to respond to this letter in a timely manner will result in further action. Thank you for your immediate attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Dena M. Holmes", written in a cursive style.

Dena M. Holmes
Assistant Director
Bureau of Certification

Enclosure: Need for OASAS Certification Questionnaire

cc w/o enc.: Rob Kent
 Trishia Allen
 Janet Paloski
 Marni Millet

Section 32.05: Operating certificate required

(a) Except as provided in subdivision (b) of this section no provider of services shall engage in any of the following activities without an operating certificate issued by the commissioner pursuant to this article:

1. operation of a residential program, including a community residence for the care, custody, or treatment of persons suffering from chemical abuse or dependence; provided, however, that giving domestic care and comfort to a person in the home shall not constitute such an operation;
2. operation of a discrete unit of a hospital or other facility possessing an operating certificate pursuant to article twenty-eight of the public health law for the purpose of providing residential or non-residential chemical dependence services; **or**
3. operation of a program established or maintained by a provider of services for the rendition of out-patient or non-residential chemical dependence services; provided, however, that such operation shall not be deemed to include: (i) professional practice, within the scope of a professional license or certificate issued by an agency of the state, by an appropriately licensed individual or by a partnership of such individuals, or by a professional service corporation duly incorporated pursuant to the business corporation law wherein all professionals bear the same professional license, or a university faculty practice corporation duly incorporated pursuant to the not-for-profit corporation law, unless more than fifty percent of such practice by either such corporation consists of the rendering of chemical dependence services; **or** (ii) non-residential services which are chartered or issued a certificate of incorporation pursuant to the education law; **or** (iii) pastoral counseling by a clergyman or minister, including those defined as clergyman or minister by section two of the religious corporations law; **or** (iv) services which are exclusively prevention strategies and approaches as defined in section 1.03 of this chapter.

(b) Methadone, or such other controlled substance designated by the commissioner of health as appropriate for such use, may be administered to an addict, as defined in section thirty-three hundred two of the public health law, by individual physicians, groups of physicians and public or private medical facilities certified pursuant to article twenty-eight or thirty-three of the public health law as part of a chemical dependence program which has been issued an operating certificate by the commissioner pursuant to subdivision (b) of section 32.09 of this article, provided, however, that such administration must be done in accordance with all applicable federal and state laws and regulations. Individual physicians or groups of physicians who have obtained authorization from the federal government to administer buprenorphine to addicts may do so without obtaining an operating certificate from the commissioner.

(c) No individual, partnership, association, corporation, limited liability company or partnership, public or private agency or any part thereof shall adopt a corporate name or hold itself out to the public in a manner which indicates, directly or indirectly, the availability of treatment, programs, or services for persons suffering from chemical abuse or dependence unless it has obtained an operating certificate from the commissioner in accordance with the provisions of this article.

(d) The operation of a program for which an operating certificate is required shall be in accordance with the terms of the operating certificate and regulations of the commissioner.

(e) Any individual, partnership, association, corporation, limited liability company or partnership, public or private agency or any part thereof who knowingly fails to comply with the provisions of this section shall be guilty of a misdemeanor as defined in the penal law.

(f) If the commissioner has reason to believe that there is an individual, partnership, association, corporation, limited liability company or partnership, public or private agency or any part thereof which is providing chemical dependence services or which purports to provide such services and which does not possess a required current valid operating certificate, he or she shall proceed pursuant to applicable sections of this chapter including but not limited to sections 32.13, 32.15, 32.19 and 32.27 of this article.

February 25, 2019

Ms. Dena M. Holmes
Assistant Director
Bureau of Certification
1450 Western Avenue
Albany, NY 12203-3526

Re: Letter of Inquiry Regarding Program Services

Dear Ms. Holmes,

We received your letter dated February 11, 2019 from the New York State Office of Alcoholism and Substance Abuse Services (OASAS) regarding Hudson Ridge Wellness Center, Inc. and operation without appropriate OASAS certification which is similar to a letter we received back in 2016.

Please note, as was the case back in 2016, that at this time we are not an operational facility. The buildings on the former Hudson Institute are *still* not currently in the condition to house anyone at this time.

However, Hudson Ridge Wellness Center, Inc. is planning to seek certification in the near future from OASAS and have previously retained Shari Noonan to assist with this matter.

We thank you for your note and look forward to working with your agency in the near future.

Sincerely,

Steven Laker
Vice President
Hudson Ridge Wellness Center, Inc.

CC: Shari Noonan

Cicero Consulting Associates

VCC, Inc.

White Plains Unit

Frank M. Cicero
Charles F. Murphy, Jr.
James Psarianos
Rose Murphy
Michael D. Ungerer
Noelia Chung
Brian Baldwin
Michael F. Cicero
Karen Dietz
Evelyn Branford
Michael C. Maiale
Linda Cammisa, R.N.
Patrick Clemente

701 Westchester Ave. • Suite 210W • White Plains, NY 10604
Tel: (914) 682-8657 • Fax: (914) 682-8895
cicero@ciceroassociates.com

Albany Unit

William B. Carmello
Joseph F. Pofit
Albert L. D'Amato
Mark Van Guysling
Rosemarie Porco
Daniel Rinaldi, Jr.
Mary Ann Anglin

Emeritus Consultants

Nicholas J. Mongiardo
Joan Greenberg
Martha H. Pofit
Frank T. Cicero, M.D.

May 30, 2019

Michael P. Parker, Sr.
(1941-2011)
Anthony J. Maddaloni
(1952-2014)

Ms. Janet Paloski, Director
Bureau of Certification and Systems Management
NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
1450 Western Avenue
Albany, New York 12203-3526

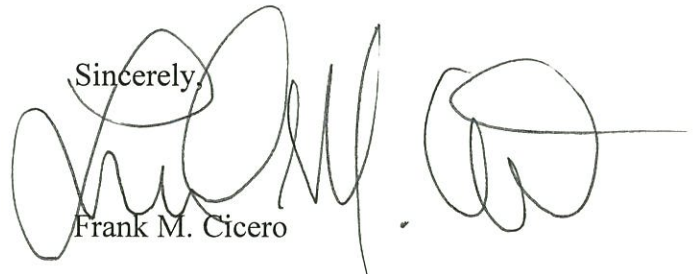
RE: Hudson Ridge Wellness Center

Dear Ms. Paloski:

I am writing on behalf of our client, Hudson Ridge Wellness Center (Hudson Ridge). Hudson Ridge has notified the Town of Cortlandt of its intention to seek OASAS approval for the establishment of a Chemical Dependence Residential Program in Cortlandt and the town has inquired about the need for licensure. As a result, I am requesting a letter from you confirming that Hudson Ridge is required to be licensed by the New York State Office of Alcoholism and Substance Abuse Services (NYSOASAS) in order to operate a Chemical Dependence Residential Program under Part 820 of the NYCRR.

Please feel free to contact Mr. Brian Baldwin, the project contact person, should you require any additional information. Thank you for your consideration of this request.

Sincerely,



Frank M. Cicero

cc: Mr. Steven Laker, Hudson Ridge Wellness Center
Mr. Brian M. Baldwin, Cicero Associates

Robert B. Peake, AICP

From: Brian Baldwin <bbaldwin@ciceroassociates.com>
Sent: Monday, June 10, 2019 11:48 AM
To: Paloski, Janet (OASAS)
Cc: Allen, Trishia (OASAS); Holmes, Dena (OASAS); Plessas, Phillip (OASAS); Frank Cicero
Subject: Re: Hudson Ridge Wellness Center

Thank you, Janet,

We will send you the completed Uncertified Services Inquiry when they complete it, so that you can issue an opinion on their need for OASAS licensure, which we are sure is required.

Brian

Brian M. Baldwin, LCSW
Cicero Consulting Associates
Phone: (516) 671-9535
FAX: (516) 977-8006
E-mail: bbaldwin@ciceroassociates.com

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From: "Paloski, Janet (OASAS)" <Janet.Paloski@oasas.ny.gov>
Date: Monday, June 10, 2019 at 10:36 AM
To: Brian Baldwin <bbaldwin@ciceroassociates.com>
Cc: "Allen, Trishia (OASAS)" <Trishia.Allen@oasas.ny.gov>, "Holmes, Dena (OASAS)" <Dena.Holmes@oasas.ny.gov>, "Plessas, Phillip (OASAS)" <Phillip.Plessas@oasas.ny.gov>
Subject: Hudson Ridge Wellness Center

Brian – I received the attached letter from Frank Cicero regarding Hudson Ridge Wellness Center. I have attached Mental Hygiene Law 32.05 which spells out who needs to be certified to provide SUD services. I also attached OASAS Uncertified Services Inquiry which we requested from Hudson Ridge Wellness Center in 2017 and again in 2019. Please have them fill out this inquiry, so we can determine if the services they provide require Certification.

Janet L Paloski
Director, Bureau of Certification

NYS Office of Alcoholism and Substance Abuse Services (NYS OASAS)

1450 Western Ave., Albany, New York 12203-3526
(518) 485-2250 | janet.paloski@oasas.ny.gov

www.oasas.ny.gov



June 21, 2019

Ms. Janet Paloski, Director
Bureau of Certification
NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
1450 Western Avenue
Albany, New York 12203-3526

RE: Hudson Ridge Wellness Center

Dear Ms. Paloski:

On behalf of Hudson Ridge Wellness Center (Hudson Ridge), I am submitting the attached completed OASAS Need for OASAS Certification form. We would like to confirm that Hudson Ridge is required to be licensed by the New York State Office of Alcoholism and Substance Abuse Services (NYSOASAS) in order to operate a Chemical Dependence Residential Program under Part 820 of the NYCRR.

Hudson Ridge has notified the Town of Cortlandt of their intention to seek OASAS approval for the establishment of a Chemical Dependence Residential Program in their town and the town has inquired about the need for licensure.

Please feel free to contact Mr. Brian Baldwin, the project contact person, at (516) 671-9535 or bbaldwin@ciceroassociates.com should you require any additional information. Thank you for your consideration of this request.

Sincerely,

Steven Laker

cc: Mr. Frank M. Cicero, Cicero Consulting Associates
Mr. Brian M. Baldwin, Cicero Consulting Associates
Mr. Robert Davis, Singleton, Davis and Singleton



NEED FOR OASAS CERTIFICATION QUESTIONNAIRE

In order to assist in making a determination as to whether your program requires OASAS certification under New York State Mental Hygiene Law Section 32.05(a), please complete the following information and provide supporting documentation as necessary.

PART I -- PROGRAM INFORMATION

Program Legal Name: Hudson Ridge Wellness Center, Inc.

Program Mailing Address: 72 North State Road, #502, Briarcliff Manor, NY 10510

Program Website Address: TBD

Program Telephone Number: TBD

Program/Service Names [list all]:
Proposed Chemical Dependence Residential Program

Program Executive Director: TBD

Telephone Number: (914) 643-9711

E-Mail Address:
slaker@HUDSONEDUCATIONANDWELLNESS.COM

Owner Representative: Steven Laker

Telephone Number: (914) 643-9711

E-Mail Address:
slaker@HUDSONEDUCATIONANDWELLNESS.COM

Is this entity registered with the New York State Department of State? Yes ☒ No ☐
[If yes, include with response.]

Does this entity have a certificate of Authorization from the New York State Department of Education?
Yes ☐ No ☒ [If yes, include with response.]

PART II -- CASE RECORDS

Source(s) of client/patient/resident referrals: This program is not currently operating. Hudson Ridge Wellness Center is interested in seeking OASAS approval to establish a Chemical Dependence Residential Program under Part 820. It is expected that referrals will come from private physicians, Hospital Emergency Rooms, Inpatient Chemical Dependence



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Stabilization and Withdrawal Programs, Inpatient Chemical Dependence Rehabilitation Programs and Outpatient Chemical Dependence Programs.

Number of current active clients/patients: 0

Number of current active clients/patients with a substance use disorder: 0

Describe how is eligibility determined?

This program is not currently operating. Hudson Ridge Wellness Center is interested in seeking OASAS approval to establish a Chemical Dependence Residential Program under Part 820.

What is the admission criteria for this program?

This proposed program is not operational. The proposed Admission Criteria will be as follows:

A person who appears at Hudson Ridge Wellness Center seeking or having been referred for residential treatment or evaluation will have an initial assessment made and documented in an electronic written record by a qualified health professional or other clinical staff under the supervision of a qualified health professional, which states the following:

- 1) That the person appears to need chemical dependence services;
- 2) That the person appears to be free of serious communicable disease that can be transmitted through ordinary contact; and
- 3) That the person appears to be not in need of acute hospital care, acute psychiatric care, or other intensive services which cannot be provided in conjunction with residential services or would prevent him/her from participating in a chemical dependence service.

The assessments made according to the above will be based upon service provider records, reports from other providers and/or through a face-to-face contact with the person, all of which must be documented.

Level of Care Determination

If a person is determined to be appropriate for chemical dependence services, a level of care determination will be made by a qualified health professional or by a clinical staff member who will be provided clinical oversight by a qualified health professional. The level of care determination will be signed and dated by the clinical staff member. The level of care



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determination will be made no later than 24 hours after the residents first on-site contact with the program. To be admitted for residential services at the appropriate level of care, the person must meet the level of care protocol criteria for the residential services and the program must be providing the services which match his or her need for either stabilization, rehabilitative or integration services.

The level of care determination process must be in accord with Hudson Ridge Wellness Center policy and procedures and incorporate the use of the OASAS Level of Care for Alcohol and Drug Treatment Referral Protocol (LOCADTR).

Prohibition against discrimination. No person will be denied admission to Hudson Ridge Wellness Center based solely on the person's:

- Prior treatment history;
- Pregnancy;
- History of contact with the criminal justice system;
- HIV or AIDS status;
- Referral source;
- Physical or mental disability;
- Lack of cooperation by significant others in the treatment process;
- Medication support in recovery for opioid dependence prescribed and monitored by a physician, physician's assistant or nurse practitioner.

ADMISSION CRITERIA

Hudson Ridge Wellness Center has not decided which levels of Residential Services it will offer, so we list the Admission Criteria for all 3 levels of care

STABILIZATION SERVICES

Admission criteria. To be admitted for residential stabilization services, the individual must be determined to be able to achieve or maintain abstinence and recovery goals with the application of residential services and in addition to the admission criteria applicable to residential services generally, an individual admitted to stabilization services must meet the following criteria:

- Stabilization services are appropriate for residents who present with mild withdrawal or expected withdrawal and psychiatric symptoms that cause acute impairment; Medical conditions, emotional or cognitive impairment that can be managed in a residential setting where medical staff are available on an on call basis.

REHABILITATION SERVICES

Admission criteria. To be admitted for residential rehabilitation services, the individual must be determined to be able to achieve or maintain abstinence and recovery goals with the



application of residential services and in addition to the admission criteria applicable to residential services generally, an individual admitted to rehabilitation services must meet the following criteria:

- Rehabilitation services are appropriate for residents who do not have significant withdrawal symptoms, are free of severe cravings to use substances and, if present, psychiatric and medical conditions are stable. Residents have functional impairment in cognitive, emotional regulation, social and role functioning.

REINTEGRATION SERVICES

- (b) Admission criteria. In addition to the admission criteria applicable to residential services generally, an individual admitted to a reintegration residential service must meet the following criteria: (1) The individual must be homeless or must have a living environment not conducive to recovery; and
- (2) The individual must be determined to need outpatient treatment services and/or other support services such as vocational or educational services; and

If the person is deemed inappropriate for residential services at Hudson Ridge Wellness Center, unless the person is already receiving chemical dependence services from another provider, a referral to a more appropriate service will be made. The reasons for denial of any admission to Hudson Ridge Wellness Center must be provided to the person and documented in the electronic record maintained by Hudson Ridge Wellness Center.

If determined appropriate for Hudson Ridge Wellness Center, the person will be admitted. The decision to admit a person will be made by a staff member, who is a qualified health professional authorized by the policy of Hudson Ridge Wellness Center to admit persons. The name of the qualified health professional that made the admission decision, along with the date of admission, must be documented in the electronic case record. There must be a notation in the case record that the resident received a copy of Hudson Ridge Wellness Center's rules and regulations, including resident rights and a summary of federal confidentiality requirements, and a statement that notes that such rules were discussed with the resident, and that the resident indicated that he/she understood them. All residents are informed upon admission that admission is on a voluntary basis and that he/she is free to discharge him or herself from the program at any time.

PART II -- CASE RECORDS (cont'd)

Does the program maintain client/patient records? Yes ____ No x__



Describe what information is contained within the client/patient record?

This program is not currently operating. Hudson Ridge Wellness Center is interested in seeking OASAS approval to establish a Chemical Dependence Residential Program under Part 820.

The Hudson Ridge Wellness Center case records will contain the following information:

There will be a complete electronic case record maintained for each resident. Such case record will be maintained in accordance with recognized and acceptable principles of record keeping as follows:

- Case record entries will be legible.
- Case records will be periodically reviewed for quality and completeness.
- Case records will be dated and signed electronically by appropriate staff.

The case record will be available to all staff of Hudson Ridge Wellness Center, who are participating in the provision of services to the resident and will include the following information:

- A notation that the resident received at admission a copy of the services rules and regulations, including resident's rights and a summary of the federal confidentiality requirements, that such rules and regulations were discussed with the resident, and that the resident indicated that he/she understood them;
- Source of Referral;
- Documentation that the resident met the admission and retention criteria;
- Documentation of the Comprehensive Assessment;
- Physical Examination (results if applicable);
- Treatment Plan and all reviews and updates to the treatment/recovery plan;
- Documentation of Recommendations, Referrals and Services provided for the resident's general health or for other special needs;



- Documentation of Coordination with Other Agencies, as included in the resident treatment/recovery plan, and notes on the resident's progress with such other agencies;
- Correspondence about the resident;
- Test Results
 - Toxicology
 - Breath Testing
 - Other Testing Performed;
- Documentation of Contacts with Resident's Family and/or Significant Other(s);
- Signed Releases of Consent for Information;
- Progress Notes; and
- Discharge documentation including:
 - The reasons for discharge
 - The resident's status at discharge
 - A written discharge summary of the resident's progress towards the goals set forth in the treatment/recovery plan and the plan for treatment and follow up after discharge
 - The signature of the counselor and program Manager

Resident records maintained by Hudson Ridge Wellness Center are confidential and may only be disclosed in conformity with federal regulations relating to the confidentiality of records as set forth in 42 Code of Federal Regulations Part 2 and other applicable law.

Are individual treatment plans developed for each client/patient that establishes goals to address chemical dependence? Yes_____ No_____ They will once OASAS approval is received, as follows:

A patient-centered, interdisciplinary treatment/recovery plan addressing the resident's individual needs must be developed as soon as possible after admission, or readmission, to Hudson Ridge Wellness Center and will be prepared in consultation with the resident, as documented by the resident's signature on the treatment/recovery plan. This initial treatment/recovery plan will contain a statement, which documents that the individual



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is appropriate for this level of care, identifies the assignment of a named clinical staff member with the responsibility to provide orientation to the individual, and includes a preliminary schedule of activities, therapies and interventions. For those residents being re-admitted to the program within 60 days of discharge the existing treatment recovery plan may be used if there is documentation that it has been reviewed and updated.

The treatment/recovery plan will be reviewed in collaboration with the resident on a monthly basis.

The treatment/recovery plan will:

- be developed in collaboration with the resident as evidenced by the resident's signature;
- be based on the admitting evaluations specified above and any additional evaluation(s) determined to be required;
- specify goals for each problem identified;
- specify the objectives to be achieved while the resident is receiving services which will be used to measure progress toward attainment of goals;
- include schedules for the provision of all services prescribed;
- identify the single member of the clinical staff responsible for coordinating and managing the resident's care ("the responsible clinical staff member");
- include the diagnosis for which the resident is being treated;
- be signed by the responsible clinical staff member and approved and signed by the clinical staff member's supervisor or another supervising qualified health professional within ten days; and
- Where a service is to be provided by any other service or facility off site, the treatment/recovery plan must contain a description of the nature of the service, a record that referral for such service has been made, the results of the referral, and procedures for ongoing coordination of care.

The clinical staff member will ensure that the treatment/recovery plan is included in the resident record and that all treatment is provided in accordance with the treatment/recovery plan.

If the comprehensive assessment indicates that the individual service needs are beyond the capacity of Hudson Ridge Wellness Center to provide either alone or in conjunction with another program, referral to appropriate services will be made. Identification of such



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referrals and the results of those referrals to identified program(s) will be documented in the resident record.

Any resident who is not responding to treatment, not meeting goals defined in the treatment/recovery plan or is disruptive to Hudson Ridge Wellness Center must be discussed at a case conference. The case conference will include the multidisciplinary team and the responsible clinical staff member. Any decisions made must be documented in the resident record and the treatment/recovery plan must be revised accordingly.

Does the program provide individual counseling to address chemical dependence?
Yes_____ No_____ They will once OASAS approval is received.

Does the program provide group and/or family counseling to address chemical dependence? Yes_____ No_____ They will once OASAS approval is received.

[Provide group and/or family counseling curriculum, schedule, and description of services including license of staff providing counseling sessions.]

PART III -- SERVICE MANAGEMENT

Is the program accredited? Yes_____ No_x_____
If yes, by whom? _____
[Provide a copy of accreditation certificate(s).]

Does the program maintain policies and procedures related to the provision of chemical dependence services? Yes_____ No_____ They will once OASAS approval is received.
[If yes, provide copies of applicable policies.]

How are counseling/treatment services paid for? [E.g. Medicaid, self-pay, third-party.]
Hudson Ridge Wellness Center will be a self-pay model, in and out of network for private insurance and will offer free care of a certain percentage of patient bed days.

Provide the names and titles of all clinical and administrative staff (including volunteers) in the program. Identify each staff member's professional credentials/licenses and work schedule (hours worked), and type of employment. [Attach additional sheets if necessary.]

Name	Professional Credentials/Licenses	Work Schedule	Staff Type
Title	There are no staff hired at this time.		____ W-2 ____ Independent ____ Contactor
Name	Professional Credentials/Licenses	Work Schedule	Staff Type



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Title			___ W-2 ___ Independent Contactor
Name	Professional Credentials/Licenses	Work Schedule	Staff Type
Title			___ W-2 ___ Independent Contactor
Name	Professional Credentials/Licenses	Work Schedule	Staff Type
Title			___ W-2 ___ Independent Contactor
Name	Professional Credentials/Licenses	Work Schedule	Staff Type
Title			___ W-2 ___ Independent Contactor
Name	Professional Credentials/Licenses	Work Schedule	Staff Type
Title			___ W-2 ___ Independent Contactor

PART IV -- PROGRAM LITERATURE

Please provide copies of: **Not Available.**

- Client/patient/resident handbook
- Client/patient/resident agreements or contracts
- Any other documents/handouts provided to clients/patients/residents
- All advertising material (e.g., print media, social networking, website)
- All materials used for outreach activities to potential participants
- All materials used for outreach activities to potential referral sources

PART V -- ADDITIONAL INFORMATION



Please describe and/or attach copies of any other relevant information that you believe will provide the best picture of the services offered at the program. [Attached additional sheets if necessary.]

Hudson Ridge Wellness Center Residential Services will provide services within a structured therapeutic environment, and include the following services:

Assessment and Treatment Planning

Qualified health professionals will provide Assessment and Treatment Planning services in partnership with each resident on an ongoing basis. Motivational Interviewing will be incorporated as a treatment technique in assessing residents with co-occurring disorders. A complete and thorough assessment of both the mental illness as well as the substance abuse disorder will be accomplished. The outcome of this service will be much more than arriving at a DSM 5 diagnosis. The outcome will be the development of a comprehensive, individualized, culturally sensitive, goal-oriented treatment/recovery plan. It will identify both the mental illness and the substance abuse disorder, the symptoms of each, and the effects on the person's ability to function in major life roles. The plan will identify resident strengths that can be built upon to improve important skills necessary for success. Risk factors regarding harm to self or others will be identified and will be assessed on an ongoing basis. Goals and objectives will be mutually agreed upon regarding improvements to be made in attaining skill levels in the living, learning, working, and socializing environments. The ongoing assessment process and the regular review of the treatment/recovery plan will enable the staff and the resident to monitor his/her response to treatment and design modifications when necessary.

The Comprehensive Assessment for adult residents will utilize the American Psychiatric Association Guidelines for Assessment of Adult residents and will consist of the following:

CURRENT EPISODE AND PREVIOUS TREATMENT

- What is the resident's chief complaint and its duration?
- What reason does the resident give for seeking evaluation at this specific time?
- What reasons are given by other involved parties (e.g., family, other health professionals) for seeking evaluation at this specific time?
- What symptoms is the resident experiencing (e.g., substance abuse, worries; present illness preoccupations; changes in mood; suspicions; delusions or hallucinatory experiences; recent changes in sleep, appetite, libido, concentration, memory, or behavior, including suicidal or aggressive behaviors)?
- What is the severity of the resident's symptoms?
- Over what time course have these symptoms developed or fluctuated?
- Are associated features of specific substance use disorders (i.e., pertinent positive



or negative factors) present or absent during the present illness?

- What factors does the resident believe are precipitating, aggravating, or otherwise modifying the illness or are temporally related to its course?
- Did the resident receive prior treatment for this episode of illness?
- Are other clinicians who care for the resident available to comment?
- What is the chronology of past episodes of substance abuse and/or mental illness, regardless of whether such episodes were diagnosed or treated?
- What are the resident's previous sources of treatment, and what diagnoses were given?
- With respect to somatic therapies (e.g., medications, electroconvulsive therapy), what were the dose or treatment parameters, efficacy, side effects, treatment duration, and adherence?
- With respect to psychotherapy, what were the type, frequency, duration, adherence, and resident's perception of the therapeutic alliance and helpfulness of the psychotherapy?
- Is there a history of psychiatric hospitalization?
- Is there a history of suicide attempts or aggressive behaviors?
- Are past medical records available to consult?

SUBSTANCE ABUSE

- What licit and illicit substances have been used, in what quantity, how frequently, and with what pattern and route of use?
- What functional, social, occupational, or legal consequences or self-perceived benefits of use have occurred?
- Have tolerance or withdrawal symptoms been noted?
- Has substance use been associated with psychiatric symptoms?
- Are family members available who could provide corroborating information about the resident's substance use and its consequences?

PHYSICAL HEALTH

- What general medical illnesses are known, including history of hospitalizations, procedures, treatments, and medications?
- Are undiagnosed illnesses causing major distress or functional impairment?
- Does the resident engage in high-risk behaviors that would predispose him or her to a medical illness?
- Is the resident taking any prescribed or over-the-counter medications, herbal products, supplements, and/or vitamins?
- Has the resident experienced allergic reactions to or severe adverse effects of medications?



DEVELOPMENTAL FACTORS

- What have been the most important events in the resident's life, psychosocial, and what were the resident's responses to them?

EDUCATIONAL FACTORS

- What is the resident's history of formal education?
- What are resident's current educational goals?

CULTURAL FACTORS

- What are the resident's cultural, religious, and spiritual beliefs, and how have these developed or changed over time?

TRAUMA FACTORS

- Is there a history of parental loss or divorce; physical, emotional, or sexual abuse; or exposure to other traumatic experiences?
- What strategies for coping has the resident used successfully during times of stress or adversity?
- During childhood or adolescence, did the resident have risk factors for any mental disorders?
- What has been the resident's capacity to maintain interpersonal relationships, and what is the resident's history of marital and other significant relationships?
- Has the resident been abusive to others?

SEXUAL FACTORS

- What is the resident's sexual history, including sexual orientation, beliefs, and practices?

PSYCHOSOCIAL STRESSORS

- What past or current psychosocial stressors have affected the psychosocial context, and resident (including primary support group, social environment, sociocultural history, education, occupation, housing, economic status, and access (continued) to health care)?
- What is the resident's capacity for self-care?

SUPPORT SYSTEM

- Does the resident have children?
- What are the resident's sociocultural supports (e.g., family, friends, work, and religious and other community groups)?
- Is the resident able to provide adequate care for dependent children?
- How do important members of the resident's support system understand and



react to their difficulties/symptoms?

RESIDENT PRIORITIES

- What are the resident's own interests, preferences, and values with respect to health care and mental health treatment?

OCCUPATIONAL FACTORS

- What is the resident's occupation, and what jobs has the resident held?
- What are the resident's current occupational goals?
- What is the quality of the resident's work relationships?
- What work skills and strengths does the resident have?
- Is the resident unable to work due to disability?
- Is the resident preparing for or adjusting to retirement?

MILITARY HISTORY

- Regarding military service, what was the resident's status (volunteer, recruit, or draftee), did the resident experience combat, and did the resident suffer injury or trauma?

LEGAL HISTORY

- Does the resident have any past or current involvement with the legal system (e.g., warrants, arrests, detentions, convictions, probation, parole)?
- Do past or current legal problems relate to aggressive behaviors or substance intoxication?
- Has the resident had other significant interactions with the court system (e.g., family court, workers' compensation dispute, civil litigation, court-ordered psychiatric treatment)?
- Is past or current legal involvement a significant social stressor for the resident?

FAMILY HISTORY

- What information is available about general medical and psychiatric illnesses, including substance use disorders, in close relatives?
- Is there a family history of suicide or violent behavior?
- Are heritable illnesses present in family members that relate to the resident's presenting symptoms?

REVIEW OF SYSTEMS

- Is the resident having difficulty with sleep, appetite, eating patterns, or other vegetative symptoms, or with pain, neurological symptoms, or other systemic symptoms?



- Does the resident have symptoms that suggest an undiagnosed (continued) medical illness that may be causing or contributing to psychiatric symptoms?
- Is the resident experiencing side effects from medications or other treatments?

MENTAL STATUS

- What symptoms and signs of a mental disorder is the resident examination currently exhibiting?
 - What is the resident's general appearance and behavior?
 - What are the characteristics of the resident's speech?
 - What are the resident's mood and affect, including the stability, range, congruence, and appropriateness of affect?
 - Are the resident's thought processes coherent?
 - Are there recurrent or persistent themes in the resident's thought processes?
 - Are there any abnormalities of the resident's thought content (e.g., delusions, ideas of reference, overvalued ideas, ruminations, obsessions, compulsions, phobias)?
 - Is the resident having thoughts, plans, or intentions of harming self or others?
 - Is the resident experiencing perceptual disturbances (e.g., hallucinations, illusions, derealization, depersonalization)?
 - What is the resident's sensorium and level of cognitive function (e.g., orientation, attention, concentration, registration, short and long-term memory, fund of knowledge, level of intelligence, drawing, abstract reasoning, language, and executive functions)?
 - What is the resident's level of insight, judgment, and capacity for abstract reasoning?
 - What is the resident's motivation to change his or her health risk behaviors?

FUNCTIONAL ASSESSMENT

- What are the resident's functional strengths, and what is the assessment of the disease severity?
- To what degree can the resident perform physical activities of daily living (e.g., eating, toileting, transferring, bathing, dressing)?
- To what degree can the resident perform instrumental activities of daily living (e.g., driving, using public transportation, taking medications as prescribed, shopping, managing finances, keeping house, communicating by mail or telephone, caring for dependents)?
- Would a formal assessment of functioning be useful (e.g., to document deficits or aid continued monitoring)?

DIAGNOSTIC TESTS

- What diagnostic tests are necessary to establish or exclude a diagnosis, aid in the choice of treatment, or monitor treatment effects or side effects?



ASSESSMENT OF RELIABILITY OF INFORMATION

- Are symptoms minimized or exaggerated by the resident or from the interview of others?
- Does the resident appear to provide accurate information?
- Do particular questions evoke hesitation or signs of discomfort?
- Is the resident able to communicate about emotional issues?
- How does the resident respond to the assessing clinician's comments and behaviors?

CHILDHOOD DEVELOPMENTAL HISTORY

1. Did the resident lose a parent at an early age?
2. Was there unusual or excessive separation anxiety during childhood or adolescence?
3. Were there significant problems with sleep?
4. Were there eating disturbances?
5. Were there problems making or keeping friends?
6. Was severe shyness a problem, including when interacting in peer groups?
7. Were there problems with being bullied or bullying?
8. Were there frequent disciplinary problems in school?
9. Were there serious difficulties with temper?
10. Were there many school absences for medical problems or any other problems?
11. Were there any delays in learning to read, write, or do math?
12. Were there serious problems paying attention, finishing school work, or completing homework?
13. Did the above problems lead to grade retention or special education intervention?

Treatment/Recovery Plan

An initial treatment/recovery plan addressing the resident's individual needs will be developed for each resident. The treatment/recovery plan will include cultural, linguistic, and social factors as well as the particular characteristics, conditions and circumstances of the resident.

The responsible clinical staff member will ensure that the treatment/recovery plan is included in the resident record and that all treatment is provided in accordance with the individual treatment/recovery plan.

If, during the course of treatment, revisions to the treatment/recovery plan are determined to be clinically necessary, the responsible staff member will revise the treatment/recovery plan accordingly.

The case of any resident who is not responding to treatment, is not meeting goals defined in the comprehensive treatment/recovery plan or is disruptive to the service will be discussed



at a case conference by the multi-disciplinary team, and the treatment/recovery plan revised accordingly.

Individual Counseling

Clinical staff will provide this service. These goal oriented face-to-face interventions between staff and residents will address the functional deficits of the resident as they progress towards the objectives agreed upon in their treatment/recovery plan.

Group Counseling

Clinical staff will provide this service. These goal oriented face-to-face interventions between staff and groups of residents will address the functional deficits of the resident as they progress towards the objectives agreed upon in their treatment/recovery plan.

Structured Activity and Recreation

Residents will be afforded the opportunity to participate in activities designed to develop skills to enable them to make effective use of leisure time as well as improve social skills, self-esteem and responsibility.

Education About, Orientation To, And the Opportunity for Participation In, Available and Relevant Self-Help Group.

Chemical Abuse and Dependence

- Awareness
- Relapse Prevention
- Evaluation
- Assessment

Health Care Services

HIV and AIDS (and other communicable diseases)

- Education
- Risk Assessment
- Supportive Counseling
- Referral

Family Treatment

- Evaluation and Assessment



- Addressing resulting problems and conditions. Professional staff will provide this service in a family setting to treat the resident's substance abuse problem, to address family issues that have a direct impact on the symptoms experienced by the resident, and to promote successful problem solving, communication, and understanding between a resident and family members as it relates to the resident's symptoms, treatment, and recovery.

Medication Assisted Treatment (MAT)

- Ancillary Withdrawal services will be provided to patients who are experiencing mild or moderate withdrawal symptoms or Post-Acute Withdrawal Syndrome (PAWS). This service will be governed by the Hudson Ridge Wellness Center OASAS approved Stabilization and Withdrawal protocol.

Medication Therapy and Medication Education

- Medication Therapy for the alleviation of symptoms of mental illness is used in conjunction with the other services provided by Hudson Ridge Wellness Center. The psychiatrist prescribes all medication for residents being treated by Hudson Ridge Wellness Center. Medication Education is provided in conjunction with Medication Therapy in order to inform residents and, in the case of children, their parent, foster parent, or guardian, of the benefits, risks, and possible side effects of medications being prescribed.

Rehabilitation and/or Habilitation Services

Hudson Ridge Wellness Center will include a comprehensive and appropriate range of rehabilitative services for each resident. The will include, but are not limited to:

- (a) Vocational services such as vocational assessment, job skills training, and employment readiness training;
- (b) Educational remediation services; and
- (c) Life, parenting and social skills training.

Personal, Social, And Community Skills Training and Development

Residents will receive training in community living skills, personal hygiene and personal care skills as needed by each individual. Such skill development will include, but is not limited to, social interaction and leisure activity.



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Commissioner

Signature of Owner Representative: 	Date: 6/21/19
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OASAS OFFICE USE ONLY	
<input type="checkbox"/> The program requires OASAS certification under MHL Section 32.05(a) <input type="checkbox"/> The program DOES NOT require OASAS certification under MHL Section 32.05(a)	
OASAS COUNSEL	DATE



Office of Alcoholism and
Substance Abuse Services

ANDREW M. CUOMO
Governor

ARLENE GONZÁLEZ-SÁNCHEZ, M.S.,
L.M.S.W.
Commissioner

July 11, 2019

Mr. Steven Laker
Hudson Ridge Wellness Center, Inc.
72 North State Road # 502
Briarcliff Manor, NY 10510

Re: Letter of Inquiry Regarding Program Services

Dear Mr. Laker:

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) is in receipt of your response to our request for information regarding substance use disorder services provided by Hudson Ridge Wellness Center. Your completed "**Need for OASAS Certification Questionnaire**" states that services are not currently being provided but does provide information on a proposed program.

Please note, as was stated in our February 11, 2019 communication, Mental Hygiene Law Section 32.05(a) defines the circumstances when an entity must obtain certification for the operation of a residential or outpatient program for treatment of a person suffering from a substance use disorder.

Your response indicated that you intend to apply to OASAS to become a Certified OASAS Provider of Part 820 Residential Services. Please review Information regarding the application process on the OASAS website: <https://www.oasas.ny.gov/legal/CertApp/capphone.cfm>.

Sincerely,

Dena M. Holmes
Assistant Director
Bureau of Certification

cc: Cicero Consulting Associates
Rob Kent
Trishia Allen
Janet Paloski
Phillip Plessas

Section 32.05: Operating certificate required

(a) Except as provided in subdivision (b) of this section no provider of services shall engage in any of the following activities without an operating certificate issued by the commissioner pursuant to this article:

1. operation of a residential program, including a community residence for the care, custody, or treatment of persons suffering from chemical abuse or dependence; provided, however, that giving domestic care and comfort to a person in the home shall not constitute such an operation;
2. operation of a discrete unit of a hospital or other facility possessing an operating certificate pursuant to article twenty-eight of the public health law for the purpose of providing residential or non-residential chemical dependence services; **or**
3. operation of a program established or maintained by a provider of services for the rendition of out-patient or non-residential chemical dependence services; provided, however, that such operation shall not be deemed to include: (i) professional practice, within the scope of a professional license or certificate issued by an agency of the state, by an appropriately licensed individual or by a partnership of such individuals, or by a professional service corporation duly incorporated pursuant to the business corporation law wherein all professionals bear the same professional license, or a university faculty practice corporation duly incorporated pursuant to the not-for-profit corporation law, unless more than fifty percent of such practice by either such corporation consists of the rendering of chemical dependence services; **or** (ii) non-residential services which are chartered or issued a certificate of incorporation pursuant to the education law; **or** (iii) pastoral counseling by a clergyman or minister, including those defined as clergyman or minister by section two of the religious corporations law; **or** (iv) services which are exclusively prevention strategies and approaches as defined in section 1.03 of this chapter.

(b) Methadone, or such other controlled substance designated by the commissioner of health as appropriate for such use, may be administered to an addict, as defined in section thirty-three hundred two of the public health law, by individual physicians, groups of physicians and public or private medical facilities certified pursuant to article twenty-eight or thirty-three of the public health law as part of a chemical dependence program which has been issued an operating certificate by the commissioner pursuant to subdivision (b) of section 32.09 of this article, provided, however, that such administration must be done in accordance with all applicable federal and state laws and regulations. Individual physicians or groups of physicians who have obtained authorization from the federal government to administer buprenorphine to addicts may do so without obtaining an operating certificate from the commissioner.

(c) No individual, partnership, association, corporation, limited liability company or partnership, public or private agency or any part thereof shall adopt a corporate name or hold itself out to the public in a manner which indicates, directly or indirectly, the availability of treatment, programs, or services for persons suffering from chemical abuse or dependence unless it has obtained an operating certificate from the commissioner in accordance with the provisions of this article.

(d) The operation of a program for which an operating certificate is required shall be in accordance with the terms of the operating certificate and regulations of the commissioner.

(e) Any individual, partnership, association, corporation, limited liability company or partnership, public or private agency or any part thereof who knowingly fails to comply with the provisions of this section shall be guilty of a misdemeanor as defined in the penal law.

(f) If the commissioner has reason to believe that there is an individual, partnership, association, corporation, limited liability company or partnership, public or private agency or any part thereof which is providing chemical dependence services or which purports to provide such services and which does not possess a required current valid operating certificate, he or she shall proceed pursuant to applicable sections of this chapter including but not limited to sections 32.13, 32.15, 32.19 and 32.27 of this article.

From: [Brian Baldwin](#)
To: [Holmes, Dena \(OASAS\)](#)
Subject: Re: Hudson Ridge Wellness

Thank you, Dena.

Brian

Brian M. Baldwin, LCSW
Cicero Consulting Associates
Phone: (516) 671-9535
FAX: (516) 977-8006
E-mail: bbaldwin@ciceroassociates.com

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From: "Holmes, Dena (OASAS)" <Dena.Holmes@oasas.ny.gov>
Date: Friday, July 12, 2019 at 9:08 AM
To: Brian Baldwin <bbaldwin@ciceroassociates.com>
Subject: Hudson Ridge Wellness

Brian- sending this to Steven today- he is getting a hard copy in the mail

Dena M. Holmes, BA, CASAC 2
Assistant Director, Bureau of Certification

NYS Office of Alcoholism and Substance Abuse Services (NYS OASAS)
1450 Western Ave., Albany, NY 12203-3526
(518) 485-2273 | Dena.Holmes@oasas.ny.gov

www.oasas.ny.gov

From: [Holmes, Dena \(OASAS\)](#)
To: [Brian Baldwin](#)
Subject: Hudson Ridge Wellness
Date: Friday, July 12, 2019 9:08:06 AM
Attachments: [Hudson Ridge Wellness follow up letter.pdf](#)

Brian- sending this to Steven today- he is getting a hard copy in the mail

Dena M. Holmes, BA, CASAC 2

Assistant Director, Bureau of Certification

NYS Office of Alcoholism and Substance Abuse Services ([NYS OASAS](#))

1450 Western Ave., Albany, NY 12203-3526

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www.oasas.ny.gov

Robert B. Peake, AICP

From: Holmes, Dena (OASAS) <Dena.Holmes@oasas.ny.gov>
Sent: Friday, July 19, 2019 10:36 AM
To: Brian Baldwin
Subject: Hudson Ridge Wellness

Good morning Brian-

I believe you called earlier for Janet Paloski? Is there anything I can assist with? I know we spoke about Hudson Ridge last week? Is there something else you wanted to discuss?

Dena M. Holmes, BA, CASAC 2

Assistant Director, Bureau of Certification

NYS Office of Alcoholism and Substance Abuse Services ([NYS OASAS](#))

1450 Western Ave., Albany, NY 12203-3526
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Robert B. Peake, AICP

From: Brian Baldwin <bbaldwin@ciceroassociates.com>
Sent: Friday, July 19, 2019 10:54 AM
To: Holmes, Dena (OASAS)
Cc: Paloski, Janet (OASAS); Frank Cicero; Boss, Mark (OASAS)
Subject: Re: Hudson Ridge Wellness

Dena,

Yes, I wanted to speak to Janet in order to advocate for a letter from OASAS that more clearly answers the submission of the Need for OASAS Certification Questionnaire by our client, Hudson Ridge Wellness Center. We would appreciate a letter that clearly answers the question of whether their proposed Chemical Dependence Residential Treatment Program requires licensure by OASAS under Part 820, so that they can communicate that to the Town of Cortlandt.

Thanks.

Brian

Brian M. Baldwin, LCSW
Cicero Consulting Associates
Phone: (516) 671-9535
FAX: (516) 977-8006
E-mail: bbaldwin@ciceroassociates.com

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1450 Western Ave., Albany, NY 12203-3526

(518) 485-2273 | Dena.Holmes@oasas.ny.gov

www.oasas.ny.gov

Robert B. Peake, AICP

From: Brian Baldwin <bbaldwin@ciceroassociates.com>
Sent: Monday, August 5, 2019 9:55 AM
To: Holmes, Dena (OASAS)
Cc: Frank Cicero
Subject: FW: Hudson Ridge Wellness

Dena,

I am following up on my e-mail of July 19 (see below).

Will there be any further clarification?

Thanks.

Brian

Brian M. Baldwin, LCSW
Cicero Consulting Associates
Phone: (516) 671-9535
FAX: (516) 977-8006
E-mail: bbaldwin@ciceroassociates.com

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From: Brian Baldwin <bbaldwin@ciceroassociates.com>
Date: Friday, July 19, 2019 at 10:54 AM
To: "Holmes, Dena (OASAS)" <Dena.Holmes@oasas.ny.gov>
Cc: "Paloski, Janet (OASAS)" <Janet.Paloski@oasas.ny.gov>, Frank Cicero <Frank@ciceroassociates.com>, "Boss, Mark (OASAS)" <Mark.Boss@oasas.ny.gov>
Subject: Re: Hudson Ridge Wellness

Dena,

Yes, I wanted to speak to Janet in order to advocate for a letter from OASAS that more clearly answers the submission of the Need for OASAS Certification Questionnaire by our client, Hudson Ridge Wellness Center. We would appreciate a letter that clearly answers the question of whether their proposed Chemical Dependence Residential Treatment Program requires licensure by OASAS under Part 820, so that they can communicate that to the Town of Cortlandt.

Thanks.

Brian

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Date: Friday, July 19, 2019 at 10:36 AM
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Subject: Hudson Ridge Wellness

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Dena M. Holmes, BA, CASAC 2
Assistant Director, Bureau of Certification

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Rosemarie Porco
Daniel Rinaldi, Jr.
Mary Ann Anglin

Emeritus Consultants

Nicholas J. Mongiardo
Joan Greenberg
Martha H. Pofit
Frank T. Cicero, M.D.

August 7, 2019

Michael P. Parker, Sr.
(1941-2011)
Anthony J. Maddaloni
(1952-2014)

Ms. Janet Paloski, Director
Bureau of Certification and Systems Management
NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
1450 Western Avenue
Albany, New York 12203-3526

RE: Hudson Ridge Wellness Center

Dear Ms. Paloski:

I am responding, on behalf of our client, Hudson Ridge Wellness Center (Hudson Ridge), to Dena Holmes' July 11, 2019 letter to Steven Laker. Please let us know if the proposed 820 Residential program requires OASAS licensure under Part 820 of 14 NYCRR.

Please feel free to contact Mr. Brian Baldwin, the project contact person, should you require any additional information. Thank you for your consideration of this request.

Sincerely,



Frank M. Cicero

cc: Ms. Dena Holmes, NYS OASAS
Mr. Steven Laker, Hudson Ridge Wellness Center
Robert Davis, Esq., Davis, Singleton, Davis
Mr. Brian M. Baldwin, Cicero Associates

Robert B. Peake, AICP

From: Paloski, Janet (OASAS) <Janet.Paloski@oasas.ny.gov>
Sent: Wednesday, August 21, 2019 8:24 AM
To: 'Brian Baldwin'
Subject: Hudson Ridge Wellness Center

Brian – I know I owe Frank a response to his letter. Hopefully I will be able to get a response done by the end of the week.

Janet L Paloski

Director, Bureau of Certification

NYS Office of Alcoholism and Substance Abuse Services (NYS OASAS)

1450 Western Ave., Albany, New York 12203-3526

(518) 485-2250 | janet.paloski@oasas.ny.gov

www.oasas.ny.gov

Robert B. Peake, AICP

From: Brian Baldwin <bbaldwin@ciceroassociates.com>
Sent: Wednesday, August 21, 2019 9:41 AM
To: Paloski, Janet (OASAS)
Cc: Frank Cicero
Subject: Re: Hudson Ridge Wellness Center

Thanks, Janet.

We feel strongly that since Hudson Ridge is considering the establishment of a Residential Chemical Dependence Treatment program, they deserve to receive written confirmation from OASAS that their proposed program requires OASAS approval and licensure under Part 820.

Brian

Brian M. Baldwin, LCSW
Cicero Consulting Associates
Phone: (516) 671-9535
FAX: (516) 977-8006
E-mail: bbaldwin@ciceroassociates.com

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From: "Paloski, Janet (OASAS)" <Janet.Paloski@oasas.ny.gov>
Date: Wednesday, August 21, 2019 at 8:24 AM
To: Brian Baldwin <bbaldwin@ciceroassociates.com>
Subject: Hudson Ridge Wellness Center

Brian – I know I owe Frank a response to his letter. Hopefully I will be able to get a response done by the end of the week.

Janet L Paloski
Director, Bureau of Certification

NYS Office of Alcoholism and Substance Abuse Services (NYS OASAS)
1450 Western Ave., Albany, New York 12203-3526
(518) 485-2250 | janet.paloski@oasas.ny.gov



**Office of Alcoholism and
Substance Abuse Services**

ANDREW M. CUOMO
Governor

**ARLENE GONZÁLEZ-SÁNCHEZ, M.S.,
L.M.S.W.**
Commissioner

August 23, 2019

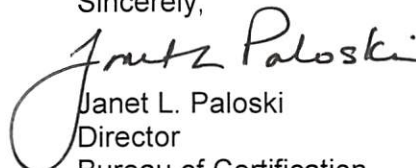
Mr. Frank M. Cicero
Cicero Consulting Associates
Suite 201W
701 Westchester Avenue
White Plains, NY 10604

Dear Mr. Cicero:

This letter is in response to your letter dated August 7, 2019 requesting advisement that the proposed services by Hudson Ridge Wellness Center (Hudson Ridge) requires OASAS Certification. To date, OASAS has not seen any proposal from Hudson Ridge and as such, cannot make a determination whether certification is required. The only information we have on Hudson Ridge is a need for OASAS Certification Questionnaire in which Steven Laker stated that he is not currently providing services but was interested in seeking OASAS approval to establish a Chemical Dependence Residential Program under Part 820. In a letter dated July 11, 2019, Dena Holmes directed Mr. Laker to the OASAS Certification website for the steps to obtain certification.

Once a completed Certification Application is received from Hudson Ridge, OASAS Certification will review and determine whether the services proposed in the application require OASAS Certification.

Sincerely,


Janet L. Paloski
Director
Bureau of Certification

cc.: Mark Boss
Dena Holmes
Trishia Allen
Brian Baldwin, Cicero Consulting Associates

APPENDIX 54

White Plains Unit
Frank M. Cicero
Charles F. Murphy, Jr.
James Psarianos
Michael D. Ungerer
Noelia Chung
Brian Baldwin
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Frank T. Cicero, M.D.
Rose Murphy

Michael P. Parker, Sr.
(1941-2011)
Anthony J. Maddaloni
(1952-2014)

August 9, 2021

Ms. Loretta Taylor
Chairperson, and Members of the
Town of Cortandt Planning Board
Town Hall
1 Heady Street
Cortlandt Manor, NY 10567

Re: Hudson Education and Wellness Center

Dear Ms. Taylor:

This letter is being submitted to you, on behalf of and at the request of our client, Hudson Ridge Wellness Center, in order to provide information about the physical plant requirements of the New York State Office of Addiction Services and Supports for a Residential Addiction Treatment Program.

NYS OASAS Title 14 Part 814 NYCRR Physical Plant Requirements for a Part 820 Residential Program are as follows:

- 80 square feet per bed for single occupancy patient bedrooms
- 60 square feet per bed for double occupancy patient bedrooms
- 60 square feet per bed for patient program space, which includes living, social, dining and counseling.
- A medical exam room
- Clean linen and laundry rooms
- Soiled linen and laundry rooms
- Bathrooms containing one toilet, one sink, 1 tub or shower per 10 patients

Please be advised that NYS OASAS does not have any special standards for luxury facilities. They only require that an OASAS licensed facility meets the minimum standards described above.

The minimum approximate square footage that would be required by NYS OASAS for a 92 bed Residential Program with 40 single rooms and 26 double rooms would be:

REQUIRED SPACE	SQUARE FEET TOTAL
180 square feet for single occupancy patient bedrooms with bathroom X 40 single patient bedrooms.	7,200 square feet
220 square feet for double occupancy patient bedrooms with bathroom X 26 double patient bedrooms.	5,720 square feet
60 square feet per bed for patient program space, which includes living, social, dining and counseling	5,520 square feet
A medical exam room	150 square feet
Clean linen and laundry rooms	300 square feet
Soiled linen and laundry rooms	300 square feet
Hallways, entrances, etc.	4,307 square feet
Kitchen	1,000 square feet
Total	24,497 square feet

The square footage that is available at the current Hudson Ridge Wellness physical plant for their proposed 92 bed Residential Program is:

BUILDING	SQUARE FOOTAGE
Building 1	30,000
Building 2	3,800
Building 3	2,560
Building 4	2,250
Building 5	1,850
Building 6	2,600
Building 7	2,500
TOTAL	45,560

The space available at Hudson Ridge Wellness is almost double the required square footage for the proposed 92 bed facility.

Thank you for your consideration of this information.

Sincerely,

Brian M. Baldwin

cc: Mr. Steven Laker, Hudson Ridge Wellness
Mr. Robert Davis, Davis, Singleton, Davis
Mr. Frank M. Cicero, Cicero Consulting Associates

ANALYSIS OF HUDSON RIDGE WELLNESS PHYSICAL PLANT
SUITABILITY TO MEET NYS OASAS PART 814 REQUIREMENTS
CICERO CONSULTING ASSOCIATES
AUGUST 9, 2021

NYS OASAS Title 14 Part 814 NYCRR Physical Plant Requirements for a Part 820 Residential Program are as follows:

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- 60 square feet per bed for double occupancy patient bedrooms
- 60 square feet per bed for patient program space, which includes living, social, dining and counseling.
- A medical exam room
- Clean linen and laundry rooms
- Soiled linen and laundry rooms
- Bathrooms containing one toilet, one sink, 1 tub or shower per 10 patients

The minimum approximate square footage that would be required by NYS OASAS for a 92 bed Residential Program would be:

REQUIRED SPACE	SQUARE FEET TOTAL
180 square feet for single occupancy patient bedrooms with bathroom X 12 single patient bedrooms	2,160 square feet
220 square feet for double occupancy patient bedrooms with bathroom X 40 double patient bedrooms	8,800 square feet
60 square feet per bed for patient program space, which includes living, social, dining and counseling	5,520 square feet
A medical exam room	150 square feet
Clean linen and laundry rooms	300 square feet
Soiled linen and laundry rooms	300 square feet
Hallways, entrances, etc.	4,307 square feet
Kitchen	1,000 square feet
Total	22,537 square feet

ANALYSIS OF HUDSON RIDGE WELLNESS PHYSICAL PLANT
SUITABILITY TO MEET NYS OASAS PART 814 REQUIREMENTS
CICERO CONSULTING ASSOCIATES
AUGUST 9, 2021

The square footage that is available at the current Hudson Ridge Wellness physical plant for their proposed 92 bed Residential Program is:

BUILDING	SQUARE FOOTAGE
Building 1	30,000
Building 2	3,800
Building 3	2,560
Building 4	2,250
Building 5	1,850
Building 6	2,600
Building 7	2,500
TOTAL	45,560

The space available at Hudson Ridge Wellness is more than double the required square footage for the proposed 92 bed facility.